



# FALL SKILLS CLINIC

**Who:** GROUP 1: MITE – SQUIRT - 8U - 10U  
GROUP 2: PW - BANTAM - 12U - 15U

**Where:** IRA Civic Center

**What:** Prepare for the SEASON! Individual Skill Practices and Small Area Games

**When:** September 9<sup>th</sup> – September 24<sup>th</sup>

**Time:** GROUP 1 Monday, Tuesday & Thursday 6:20-7:20  
GROUP 2 Monday, Tuesday & Thursday 7:30-8:30

**Cost:** \$150 - Checks made payable to: RSC Due September 1<sup>st</sup>  
**GOALIES ½ PRICE**

**Area coaches will instruct practices**

**\*\*\*Full Equipment Required\*\*\***

Program outline will consist of Individual Skill Practices followed by small area games. Players will be placed into groups according to skill. Each player will be responsible for his or her own jersey. Players should return their signed waiver and **Registration no later than September 1<sup>st</sup>.**  
**MAXIMUM 30 SKATERS AND 4 GOALIES PER GROUP.**

**For more information contact:**

**Roger Mischke Cell 218-851-2906 EMAIL – [rmisch22@gmail.com](mailto:rmisch22@gmail.com)**

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Name \_\_\_\_\_ 2019-2020 LEVEL \_\_\_\_\_ Goalie Y N

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

We, the parents of \_\_\_\_\_ (**player's name**) acknowledge that certain injuries can and do occur to those participating in this activity. We, therefore, agree to assume all responsibilities for any injury sustained by our child and to hold blameless the Fall Skills Clinic, and those individuals acting on behalf of the Fall Skills Clinic from any and all actions or claims that may be brought on behalf of our child. We authorize Fall Skills Clinic to obtain any first aid or other medical care that may become necessary for our child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send waiver/registration form to:  
Roger Mischke  
PO Box 91  
Coleraine, MN 55722  
OR DROP OFF  
IRA CIVIC CENTER MAIN OFFICE