



# Spring Skills Academy 2010

**6 Sessions for only \$200 Dollars**

## **Group 1**

**Bantams Monday's 5:10 -5:40 PM Off Ice Training**

**6:10-7:10 PM On Ice**

**Starting Monday March 15 – April 19**

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## **Group 2**

**Pee Wee's Monday's 6:20 – 6:50 PM Off Ice Training**

**7:20-8:20 PM On Ice**

**Starting Monday March 15 – April 19**

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## **Group 3**

**Mites/Squirts Thursday s 6:10-6:40 PM Off Ice Training**

**7:10-8:10 PM On Ice**

**Starting Thursday March 18 – April 22**

**This Academy is designed to help improve upon your individual skill level and to help you prepare for next seasons tryouts.**

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*Registration will begin on Monday March 1, 2010.*

*Any questions please call 954-433-7226 or email [pinnaclehockey@aol.com](mailto:pinnaclehockey@aol.com)*



Participant's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Players Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Shoots: \_\_\_\_\_ Current Team \_\_\_\_\_

Payment Method (All checks payable to the Pinnacle Hockey Group Inc.)	
<b>Cost \$200.00 Per Player</b>	
<b>Card Number</b>	<b>Expiry Date</b>
<b>Name On Card</b>	<b>Payment Method</b>
2% fee on all credit card transactions	Visa   MasterCard   Check   Money Order <b>(NO AMEX)</b>

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Signature of Parent / Guardian

Printed Name of Parent / Guardian

**I UNDERSTAND AND AGREE**, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and PROVIDE FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise. Signing above is for this stated paragraph

**Registration forms can be faxed to 954-433-7285 or email Pinnaclehockey@aol.com**