

**2010 PRE-SEASON SKILLS
DEVELOPMENT
HOCKEY CLINIC
FOR NOVICE & ATOM PLAYERS**

Presented BY:

THE SAINT JOHN PEEWEE AAA SEADOGS

&

THE LANCASTER PEEWEE AAA THUNDER

*Please complete and forward Application Form
to:*

THE SAINT JOHN PEEWEE AAA SEADOGS

c/o Kelly Van Buskirk, P.O. Box 6787, StA

Saint John N.B., E2L 4S2

Fax: (506) 633-0465

COST:\$120.00, payable by cheque
Please attach your cheque to the application form

Make cheques payable to:

THE SAINT JOHN PEEWEE AAA SEADOGS

REGISTRATION DEADLINE IS AUGUST 7TH

THIS CLINIC OFFERS:

- PRIME ICE TIME AT HARBOUR STATION
- QUALIFIED & EXPERIENCED COACHES
- NSST MEASURED SKILLS TESTING
- A FUN WAY TO GET READY FOR YOUR MINOR HOCKEY TRYOUTS!

ALL SESSIONS AT HARBOUR STATION

Cancellations and Refunds

Fees are based on a limited team roster. Consequently, it is not possible to offer an open refund policy. Fees will not be refunded except for medical reasons. If the player attends any of the practices, the refund will be pro-rated.

NOTE: Players who voluntarily leave the clinic or are expelled for disciplinary reasons will not receive a refund.

Name: _____

(Please Print)

Mailing Address: _____

City: _____

Province: _____ **Postal Code:** _____

Home phone: _____

Work: _____ [] father [] mother

Email: _____

Age: _____ **Date of Birth:** _____

(Day / Month / Year)

Medicare number: _____

Father's name: _____ **Mother:** _____

I / we hereby release the Saint John Peewee AAA Seadogs, the Lancaster Peewee AAA Thunder, their coaches, managers and agents from all liability, claims, causes of actions of any kind whatsoever, in respect of damages I / (my child) may suffer as a consequence of my child sustaining personal injury, death or property damage or loss while participating in programs and activities of this hockey clinic.

And I / we do hereby agree to indemnify and hold harmless the Saint John Peewee AAA Seadogs, Lancaster Peewee AAA Thunder, their coaches, managers and agents from any and all claims, demands, causes of actions of any kind whatsoever, including those involving negligence on their that may be made or initiated by, or on behalf of my child, arising out of or connected with my said child's preparation for or participation in any of this hockey clinic.

Authorized by Parent or Guardian

SCHEDULE
MON., AUG. 23RD: 5:30-6:30PM
TUES., AUG. 24TH: 5:30-6:30PM
WED., AUG. 25TH: 5:30-6:30PM
THURS., AUG. 26TH: 5:30-6:30PM
FRI., AUG. 27TH: 5:30-6:30PM

ALL SESSIONS AT HARBOUR STATION

APPLICATION