SHARPER EDGE SKATING SCHOOL **(mailing address only)**
100 POWDERMILL RD– PMB 233
ACTON, MA 01720 (978) 369-0088

AUGUST "HOCKEY" CLINIC

@ The Edge Sports Center in Bedford, MA

Player's Name: _____ DOB: _____

Address:_____City:_____Zip_____

M / F Age:_____ Phone:_____ Hockey Shirt Size: S/M or L/XL
Circle: Youth or Adult

Hockey Experience:_____Position:_____

Parent's Names:_____

Emergency Contact:_____Phone:_____

AUGUST HOCKEY CLINIC 08/24/10-08/26/10

Hockey clinic is subject to change, due to enrollment.
Sorry, there are no refunds.
SESS reserves the right to change your child's placement.

In-house Mites & Mites	**Tuesday Wednesday Thursday**	**8:00-10:00am (FULL ICE)**	**6 hrs of ice**	**$150.00**

Clinic breakdown:
1 hour edge class/ Stick and Puck Drills
15 minute Full Ice Drills
30 minute Scrimmage
15 Power Skating
*All skaters must be able to skate **forwards and backwards** and are required to wear full hockey equipment.
*Walk-ons will be accepted with a **24 hour** notification. Walk-on fee is $55/day.

SIGN UP EARLY.
SPACE IS LIMITED!

I hereby assume all risks and hazards incident to participation in any and all Sharper Edge Skating School activities. I hereby waive, release Sharper Edge Skating School, their professionals and employees of any harm and injury.

_____Date:_____
Signature (Parent or guardian if skater is under the age of 18)

Please send **signed forms** and payment in full to the address above. **Due Date: 08/16/10**

Please Note: This clinic will be held at The Edge Sports Center, 191 Hartwell Road, Bedford, MA

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the SHARPER EDGE SKATING SCHOOL INC. athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEI or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions fo participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SHARPER EDGE SKATING SCHOOL, INC. their officers, officials, agents and/or employees, othe participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ Date Signed:_____
PARTICIPANT'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X_____ _____
Parent/Guardian's Signature Emergency Phone # (s)

Date Signed:_____

Visit our website at: www.SharperEdgeSkating.com
Check out our web calendar too!!!