

Spring Clinic REGISTRATION

Cost per player \$ 220

Name of Player: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell: _____

E-Mail: _____

(Please check one of the following)

9 & Under: _____

10 - 14: _____

Mail Completed Registration to:

Champions Skating Center

6 Progress Dr.

Cromwell, CT 06416

860.632.0323 – Office

860.632.2088 - Fax

Champions Skating Center
6 Progress Dr.
Cromwell, CT 06416



Champions Skating Center Spring Clinic



8 Weeks/16 Sessions
Mondays & Tuesdays
April 14 – June 3

championsskatingcenter.com
860.632.0323

Introduction

Spring Clinic is a fun way to skill advancement for the young hockey enthusiast. This program's success is because of the staff's commitment to teaching skill development in a positive, encouraging, and progressive environment. All too often the winter season gets caught up in the team's wins and losses at the expense of your child's skill development.

**Skill development is the key to your child's success as they go through the different levels in their hockey career. These skills need to be developed early as their motor skills develop through adolescence. Clinic is dedicated to help in your child's quest to be the best player they can be. Work Hard and most of all,
HAVE FUN!!!**

Ages & Times: Mondays & Tuesdays

- **9 & Under – 6pm-7pm**
- **10-14 -- 7:10pm-8:10pm**

Conditions of enrollment & Insurance Information

Enrollment will be on a first come first serve basis. Coaches have the right to dismiss any participant whose behaviour is deemed detrimental to the group. There will be no partial refunding due to late arrival or early departure for any reason.

Does the applicant have any pertinent Health problems?

Major Medical Insurance Name

Emergency Phone #'s & Contact

Release from Liability/Risk Acknowledgement

Upon entering events and/or programs sponsored by Champions Skating Center, I/we understand that participation in or observation of the sport of hockey constitutes risk to me/us of serious injury. I/we realize and accept the risk and hereby exclude the rink or personnel from any liability. In the event my child is injured at Champions Skating Center, I/we give our permission to have the staff seek medical attention for our child.

Signed

Program Directors and Highlights

Yvon Corriveau has 20 years of professional hockey experience, including 1200 games from 1985–2005. Yvon was drafted to the Washington Capitals, NHL - first round - in 1985. He played 360 regular season NHL games with the Washington Capitals, the Hartford Whalers and the San Jose Sharks. Since his retirement in 2005, Yvon has successfully transitioned into a top youth coach in demand from near and far for his outstanding teaching abilities.

- **Power Skating**
- **Stick Handling**
- **Shooting**
- **Edge Control**
- **Age Appropriate Checking**

Rich Persico in addition to belonging to the National Ice Hockey Officials Association for the past 14 years and holding a level four status, for the past 6 seasons, Rich has been involved with area learn to skate, learn to play, and in-house programs. He was the head coach for the Middlesex Squirt B1 and B2 Teams for the 2006-07 season. Rich's coaching philosophy is to develop kids to the best of their abilities with an emphasis on skills development in a fun yet disciplined environment.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
AND ARBITRATION AGREEMENT**

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims

In consideration of being allowed to participate in _____ at Champions Skating Center, LLC (the “Facility”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Facility arising out of the inherent risks of engaging in _____;
- 2) **TO ASSUME ALL RISKS INHERENT IN** _____; and
- 3) **TO RELEASE** the Facility, its owners, affiliates, officers, directors, employees, agents, and shareholders, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in _____.

Arbitration

The Participant hereby agrees to submit any dispute arising from participation in _____ to arbitration, for the sole purpose of determining whether the alleged injury arises from a risk inherent in the activities engaged in by Participant. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the “Panel”), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the District of Connecticut. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceedings shall proceed in Hartford, Connecticut and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. In the event that the Panel determines the alleged injury arises from a risk inherent in the Participant’s participation in _____, the claim shall be deemed barred, as a matter of law, and the Participant shall be barred from recovering any compensation from the Facility. IN the event that the Panel determines the alleged injury did not arise from a risk inherent in the _____, the Participant shall proceed to the Superior Court of Connecticut, or if appropriate, the Unites States District Court, for the District of Connecticut, for a trial *de novo*.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant’s Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____