



Varsity Futures Spring Skills Sessions for Mites & Squirts

Work on all aspects of your game this Spring with
Coach Pete Cathone and a Staff of College and Varsity Players.

Sundays
10:00 – 11:00am
April 7th – June 30th

No sessions on 4/21 or 5/26
\$425 for the 10 week program

Pro rating available at time of registration only.

Please fill out form and sign waiver on REVERSE SIDE and mail with payment to above address.

Name _____ Level _____

Register for the Level of 2019 – 2020 Season

Phone _____ Email _____

Address _____ City _____ Zip _____

PAYMENT: Make checks payable to the Ice Hutch or you may use a major credit card
A \$25 fee will be charged on all returned checks.

Card # _____ Exp. _____ Security Code _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Rcvd _____ By _____

Paid _____ # _____

Roster _____

I hereby agree to waive liability and release any and all claims against The Ice Hutch (the "Facility"), its affiliated clubs and their officers, directors, agents, coaches and other employees for injuries and damages suffered by myself or my child, 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating, hockey and other physical activities at the Facility involve risk of serious bodily injury which may result from my own actions and/or those of my child or the action of others or the condition of the premises or any equipment used or rented from the facility. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my child's participation in these activities. I have read the rules of The Ice Hutch and will abide by them. I have explained the rules to my children. I acknowledge that the Facility requires the use of a helmet and full equipment. I agree that the staff of the Facility may require the withdrawal from any session of any skater who violates the rules or fails to wear a helmet when required.

I hereby consent to pictures being taken of myself and/or my child by employees or authorized agents of The Ice Hutch and understand that such pictures will become property of The Ice Hutch. The Ice Hutch may use them for promotional purposes without the payment of any fees or compensation to me and/or my child.

I understand that there are no refunds for any reason and that the full fee is due prior to the first clinic.

The undersigned has read the above waiver and release, understands the information contained therein and by signing below voluntarily agrees to the terms and conditions of the participation and/or the participation of the child in the program.

Signature _____ Date _____

Print Name _____