



IN-LINE HOCKEY CENTER WINTER 2010 HOCKEY CLASS REGISTRATION FORM



NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT'S NAME(S): _____

E-MAIL ADDRESS: _____

CLASS: _____

METHOD OF PAYMENT: CASH _____ CHECK _____ CHECK # _____ CREDIT: _____

TOTAL PAYMENT: \$ _____

VISA/MC NUMBER: _____

EXP DATE: ____/____/____ CSC#: ____/____/____

NAME ON CARD: _____ SIGNATURE: _____

RELEASE AND INDEMNITY:

I, the parent or guardian, of _____ am fully aware of the risks inherent in the game of in-line hockey and hockey schools. I will not hold the Inline Hockey Center, its instructors, employees, associates or affiliates responsible or liable for any accidents that occur during this hockey program. I furthermore give my consent and authorize the Inline Hockey Center to seek medical attention and treatment for my child in the event of an injury.

Signature of Parent or Guardian: _____ Date: ____/____/____

The Inline Hockey Center reserves the right to reschedule or cancel any programs based on enrollment.

WINTER CLASSES	CLASSES	DAY & TIME	DATES
	Child Beginner Skate (All Ages Welcome)	Tuesday - 4:30 PM	Session I: 11/12, 1/19, 1/26, 2/2, 2/9 & 2/16
	Intro to Hockey (All Ages Welcome)	Tuesday - 5:15 PM	Session I 1/12, 1/19, 1/26, 2/2, 2/9 & 2/16
	League (All Ages Welcome)	Saturday - 1:00 PM	Session I: 1/23, 1/30, 2/6, 2/20, 2/27 & 3/6
	Rec (All Ages Welcome)	Saturday - 2:00 PM	Session I: 1/23, 1/30, 2/6, 2/20, 2/27 & 3/6
	Travel (9-16 Years of Age)	Saturday - 3:00 PM	Session I: 1/23, 1/30, 2/6, 2/20, 2/27 & 3/6

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