

# Puckmasters Spring/Summer Clinic Registration Form

## Select Clinic

April Vacation Clinic	Apr 17-20	<input type="checkbox"/> 9-11 A.M.	<input type="checkbox"/> 12-2 P.M.
Learn to Skate & Play Hockey	<input type="checkbox"/> Session III	Day _____	Time _____
	<input type="checkbox"/> Session IV	Day _____	Time _____
Shooters & Stoppers Clinic	Jun 21-Aug 30 (excl. Jul 5)	<input type="checkbox"/> 5:30-6:20 P.M.	<input type="checkbox"/> 6:30-7:20 P.M.
Defenseman Clinic	Aug 6-9	<input type="checkbox"/> 9-11 A.M.	<input type="checkbox"/> 12-2 P.M.
Forwards Clinic	Jul 30-Aug 2	<input type="checkbox"/> 9-11 A.M.	<input type="checkbox"/> 12-2 P.M.
Goalies Clinic	Jun 25-28	<input type="checkbox"/> 9-11 A.M.	<input type="checkbox"/> 12-2 P.M.
	Aug 20-23	<input type="checkbox"/> 9-11 A.M.	<input type="checkbox"/> 12-2 P.M.
Off-Ice Strength & Speed Conditioning	<input type="checkbox"/> 8-10 A.M.	<input type="checkbox"/> 10 A.M.-12 P.M.	<input type="checkbox"/> 5:30-7:30 P.M.

## Player Information

Player's Name \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Player's Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

## Payment Information

Cash     Check     MasterCard     VISA  
Amount Paid \$ \_\_\_\_\_  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_  
Phone \_\_\_\_\_

### Please read the following waiver and sign below

The undersigned, on behalf of the Player, myself and our respective heirs and assigns agree to defend, indemnify and hold harmless Puckmasters, Hockey Training LLC, and their respective managers, members, employees, volunteers, and coaches ("Puckmasters Participants"), waive all rights, release any and all claims, liabilities, actions, and suits, of every nature, arising out of any injury of any kind, to the Player, whether the result of negligence or any intentional act or cause, and absolve Puckmasters Participants of any responsibility. The undersigned understand and agree on behalf of the Player, myself, and our respective heirs, assigns and next of kin that execution of this document constitutes: (i) an unqualified assumption of all risks associated with Puckmasters; (ii) a full and final release and waiver of liability of Puckmasters Participants; (iii) an understanding not to sue Puckmasters Participants for any loss, cost or damage arising from Puckmasters; and (iv) an agreement to defend, indemnify and save harmless Puckmasters Participants from any litigation expense, legal fees, liability, damage, award or cost of any type that they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or gross negligence of Puckmasters Participants. Puckmasters has a zero tolerance policy with respect to alcohol, tobacco, drugs and other controlled substances and weapons of any kind. Any participant possessing any of these items will be immediately dismissed from the program and will forfeit all amounts paid. We give Puckmasters permission to photograph the Player and to use the photographs for promotional purposes. Dates, times, and prices are subject to change. Fourteen day advance notice of cancellation required for refund. Call now or go to [www.puckmastersma.com](http://www.puckmastersma.com) for details. No Refunds.

### Signature of Parent/Legal Guardian

To reserve a space in any of our clinics, mail completed application and payment to:



**Puckmasters Marlborough**  
53 Brigham Street, Unit 1, Marlborough, MA 01752  
Or fax to 508.624.9192