



Power Skating Clinics Summer 2010

Student Name: _____ DOB: ___/___/___ Age _____

Level: _____ Team _____

Email Address: _____@_____

Home Tel: _____ Emergency Tel: _____

Parents Names: _____

\$100.00 for 5 weeks or \$25.00 per week

Circle: Level 1 @ 5:40 pm

***Level 2 @ 6:50 pm**

***must have prior approval from Andrea**

Wednesdays, July 21 - Aug. 18

Coached by Andrea Besson

Total: _____

Terms and Conditions of Agreement:

1. Times and dates are subject to change if master ice schedule changes.
2. No refunds or credits will be given for classes missed by a student for any reason.
3. Classes may be cancelled by the instructor due to extenuating circumstances. Full refunds will be available should this occur.
4. Students assume the risks of skating and playing hockey; the student and parent or guardian agree that the Aerodrome Ice Skating Complex and the instructors of Power Hockey are not responsible for injury to a student or loss or damage to any personal property.

I have read and agree to the terms and conditions above:

Parent/Guardian Signature: _____ Date: _____

Contact Andrea Besson for further information: sk8ncanuck@sbcglobal.net Cell# (832)326-3925 www.sk8ncanuck.com