



# Enrollment Form—HIA APRIL 2012 CLASSES

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother (Mobile): \_\_\_\_\_ Father (Mobile): \_\_\_\_\_  
 Mother (Email): \_\_\_\_\_ Father (Email): \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Position: \_\_\_\_\_ Shot: L \_\_\_\_ R \_\_\_\_  
 Youth Hockey Organization: \_\_\_\_\_

Age Group: Mite: \_\_\_ Squirt: \_\_\_ Pee Wee: \_\_\_ Bantam: \_\_\_ U12 \_\_\_ U14 \_\_\_ U16 \_\_\_ Level: Clinic/House: \_\_\_ Travel: \_\_\_

**You may enroll in a single class, single classes across multiple sessions or an entire session based on availability.**  
**If enrolling in all classes for a session, put an "X" in the Enroll box next to the program for which you are registering.**  
**If you are enrolling in a single class, put an "X" in the Enroll box next to the program and circle the date you would like to enroll.**  
**Enrollment is on a first-come first-serve basis. You will receive a confirmation email upon receipt of your enrollment form and payment.**  
**REFUND POLICY—No refunds for cancelations within one week of a class or session.**

Enroll	Session	Program	Age Group	Dates	Time	Price Per Class	Per Session Price
	1	Skill Development	Mite Clinic/House (2006-2003)	April 2, 9, 23, 30	5:00–6:00 PM	\$65	\$240
	2	Skill Development	Mite Travel, SQ	April 2, 9, 23, 30	6:10–7:10 PM	\$65	\$240
	3	Acceleration & Agility	SQ, PW, BAN, U12, U14, U16	April 2, 9, 23, 30	7:20–8:20 PM	\$65	\$240
	4	Skill Development	Mite Clinic/House (2006-2003)	April 4, 11, 25, May 2	5:00–6:00 PM	\$65	\$240
	5	Skill Development	Mite Travel, SQ	April 4, 11, 25, May 2	6:10–7:10 PM	\$65	\$240
	6	Puck Handling	SQ, PW, BAN, U12, U14, U16	April 4, 11, 25, May 2	7:20–8:20 PM	\$65	\$240

Please make checks payable to **"Power Skills Hockey Academy"** and send it along with your completed enrollment form to:

POWER SKILLS HOCKEY ACADEMY  
 P.O. Box 665  
 Botsford, CT 06404

### Waiver and Insurance Information

Acknowledging that ice hockey is a contact sport, I agree that SAMY Enterprises, LLC DBA Power Skills Hockey Academy, its ownership, agents, servants and employees, and Hamden Ice Academy, its ownership, agents, servants and employees, shall not be liable to me for any injury or damage resulting directly or indirectly from my child's participation in ice skating and ice hockey, whether incurred on the ice or otherwise in or about the buildings. I further agree that I discharge SAMY Enterprises, LLC DBA Power Skills Hockey Academy, its ownership, agents, servants and employees, and Hamden Ice Academy, its ownership, agents, servants and employees from all actions, claims and demands I may have for any injury or damage. I understand that my said agreements, release and discharge, shall bind my heirs, legal representatives and assigns and insure to the benefit of SAMY Enterprises, LLC DBA Power Skills Hockey Academy, its agents, servants and employees and their successors and assigns. I understand that my said agreements, release and discharge, shall bind my heirs, legal representatives and assigns and insure to the benefit of Hamden Ice Academy, its agents, servants and employees and their successors and assigns. It is further agreed that SAMY Enterprises, LLC DBA Power Skills Hockey Academy, and Hamden Ice Academy do not and shall not be considered to guarantee or warrant such equipment as may be used in conjunction with said school. SAMY Enterprises, LLC DBA Power Skills Hockey Academy reserves the right to use any pictures taken during the school for advertising and/or instructional purposes. In the event that my son or daughter is injured during the operation of Power Skills Hockey Academy, I give my permission for their transport as needed to a medical practitioner and further authorize the medical practitioner to provide medical care as needed.

### [Must be completed prior to participation.]

Major Medical Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Does your major medical plan cover accidents, such as hockey accidents? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Participant's Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Phone Number: \_\_\_\_\_