



Enrollment Form—Ralph Walker January & February 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 Organization: _____

Mite: ____ Squirt: ____ Pee Wee: ____ Travel: ____ House: ____

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 1 week of a class or session. There will be no reduction in fees due to late arrivals or early departures.

Enroll	Session	Program	Age Group	Day	Dates	Time	Per Class	Per Session
	1	Skill Development	Mite, Squirt Travel	Tues.	January 4, 11, 18, 25	5:00–6:00 PM	\$65	\$240
	2	Skill Development	Mite, Squirt House	Tues.	January 4, 11, 18, 25	6:15–7:15 PM	\$65	\$240
	3	Skill Development	Pee Wee	Tues.	January 11, 18, 25, Feb 8	7:30–8:30 PM	\$65	\$240
	4	Skill Development	Mite, Squirt Travel	Tues.	February 1, 8, 15, 22	5:00–6:00 PM	\$65	\$240
	5	Skill Development	Mite, Squirt House	Tues.	February 1, 8, 15, 22	6:15–7:15 PM	\$65	\$240
Total								

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 Ralph Walker Skating Rink, 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 Ralph Walker Skating Rink, 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 Ralph Walker Skating Rink, its agents, servants and employees and their successors and assigns. It is further agreed that SAMY Enterprises, LLC DBA Power Skills Hockey Academy, and Ralph Walker Skating Rink 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: _____