

# PRIDE HOCKEY XMAS CLINIC

## NELSON WITHINGTON SKATING FACILITY

Please enroll the following skater. By signing below I understand that Pride Hockey, INC. or anyone employed by Pride Hockey, INC will assume no responsibility for accidents, loss of equipment, or other expenses incurred as a result of participation in this program. I attest that the applicant is in good health and will be able to participate in the physical activity of this athletic program. A medical form will be provided by the parent at the time of the camp that will state that the skater is able to participate in all on and off-ice activities.

DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Gaurdian

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W/C) \_\_\_\_\_ EMAIL \_\_\_\_\_

TEAM \_\_\_\_\_ POSITION \_\_\_\_\_

Clinic cost of \$75 must accompany registration form. Failure to do so will result in loss of clinic spot. If using a credit card(Mastercard or Visa), the balance will be charged at time of registration.

### PAYMENT OPTIONS:

CREDIT CARD \_\_\_ CHECK\_\_\_ CASH\_\_\_ AMT. ENCLOSED \$

### IF USING CREDIT CARD:

VISA \_\_\_ MASTERCARD \_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_/\_\_\_

Mail application to: PRIDE HOCKEY INC. / 99 Lincolnshire Dr. Bradford, MA 01835  
FOR MORE INFORMATION CALL OR EMAIL: JEREMY TABB (978) 857-7099 / pridehockey1@comcast.net