



FALMOUTH GIRLS HOCKEY CLUB

2008 SUMMER CLINIC

REGISTRATION

www.falmouthpride.com

July 6th to August 24th (8 Sessions)

Sunday evenings at Falmouth Ice Arena

8 & under Beginner/Intermediate

Time: 5:45 pm to 6:45 pm

Cost: \$230 with USA Hockey Registration

12/10 & under Beginner/Intermediate

Time: 5:45 to 6:45 pm

Cost: \$230 with USA Hockey Registration

14 & under Advanced Player

Time: 6:55 pm to 7:55 pm

Cost: \$230 with USA Hockey Registration

17 & under Advanced Player

Time: 8:05 pm to 9:05 pm

Cost: \$230 with USA Hockey Registration

Guest Instructors: Coach Michael White, Hilary Greaves, Providence College alumni, Kelli Halcisak, 2007 USA National Team and Providence College alumni, Heather Nickerson, Colby College, Goalie Coach Amy Quinlan, Providence College

For insurance purposes all players must be USA Hockey Registered for the 2007/08 season (Registration is valid until August 31, 2008). Non-USA Hockey registered players are required to register directly with USA Hockey online at www.usahockey.com. There will be an additional charge to pay directly to USA/Mass. Hockey (\$38) with the online registration. Session times are subject to change by approximately 10 minutes depending on rink schedule. Exact times TBA prior to Clinic. Enrollment for players is on a first come first serve basis. Space will be limited for each session to 25 players (15 players for 8 & under) so early enrollment is encouraged. Players may be adjusted by the FGHC to a different session depending on skill level. For more information, contact Laura Moynihan at falmouthpride@msn.com or call 508-540-6191.

Player Name: _____

USA Hockey Registered for 2007/08 Season Currently Registered _____ Online Registration completed _____

Player Date of Birth: _____ Phone: _____ Email: _____

Parent(s) Name: _____

Address: _____

Age Division (age as of 12/31/08): 8 & under _____ 10 & under _____ 12 & under _____ 14 & under _____ 17 & under _____

Skills Level: Beginner _____ Intermediate _____ Advanced: _____ Jersey Size (Circle One): YL AS AM AL AXL

RELEASE OF LIABILITY/CONSENT: FOR AND IN CONSIDERATION OF MY/OUR CHILD'S REGISTRATION WITH FALMOUTH GIRLS HOCKEY CLUB, INC. AND BEING ALLOWED TO PARTICIPATE IN FALMOUTH GIRLS HOCKEY CLUB, INC SANCTIONED EVENTS AND ACTIVITIES, I/WE AGREE TO RELEASE THE FALMOUTH GIRLS HOCKEY CLUB, INC., OR ITS SUCCESSOR, AND/OR ITS OFFICERS, DIRECTORS, COACHES, VOLUNTEERS, EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY AND/OR CLAIMS WITH RESPECT TO LOSS OR DAMAGE ARISING FROM PERSONAL INJURY TO MY/OUR CHILD OR FROM LOSS OR DAMAGE TO PERSONAL PROPERTY AND BY THIS AGREEMENT ANY SUCH CLAIMS, RIGHTS, AND/OR CAUSES OF ACTION AGAINST THE FALMOUTH GIRLS HOCKEY CLUB, INC, OR ITS SUCCESSOR, AND/OR ITS OFFICERS, DIRECTORS, COACHES, VOLUNTEERS, EMPLOYEES OR AGENTS ARE HEREBY WAIVED. I/WE AGREE TO THE ABOVE TERMS, CONDITIONS AND POLICIES OF REGISTRATION.

Signature of Parent/Guardian: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: Falmouth Girls Hockey Club. **REGISTRATION BY MAIL:** Completed registration form and check to FALMOUTH GIRLS HOCKEY CLUB, REGISTRAR, 25 Highwood Lane, East Falmouth, MA 02536