

2016 PRESIDENTS WEEK CANP

February	16,	17,	18,	I;
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Tues, Wed, Thurs, Fri: 9:00 am – 3:00 pm

- Johnny Hero, lead power skating and skill instructor •
- $3\frac{3}{4}$ hours on-ice per day
- Limited to twenty five skaters! •
- Camp Fee \$400 (Goaltenders Free maximum 3) •

DAILY SCHEDULE

- Drop Off
- 9:00am 9:15am - 10:30am
- Session 1 Break 10:30pm - 11:00am
- Session 2 11:00am - 12:15pm
- Lunch Break
- 12:30pm 1:15pm Session 3
- 1:30pm 2:45pm Pick Up 3:00pm •

Stick Skills (bring your own lunch or purchase from Snack Bar) Scrimmage

John Hero's 2016 Presidents' Week Hockey Camp

Power Skating

NAME D		TE OF BIRTH	POSITION	
ADDRESS				
CITY, STATE, ZIP				
PARENT'S NAME		CELL PHONE #		
E-MAIL ADDRESS				
PAYMENT INFORMATION		NO REFUNDS OR CREDITS		
AMOUNT \$	СНЕСК #	(make checks payab	ole to Ice House Hockey)	
CREDIT CARD #		EXP	. DATE	
directors, officers, members, employees, attorneys, represe caused, resulting directly or indirectly from my child's par insurance is provided to any ICE HOUSE program participan	th participation in the ICE HOUSE'S skating progra ntatives, insurers, agents, successors, and assigns ticipation in any ICE HOUSE programs at any tim , including my child, and I, by the ICE HOUSE.	ams. I also agree that Midtown Bridge LLC d/b/a (individually and collectively the 'RELEASEES'), sh e proceeding, during or after such program is ir	a ICE HOUSE ("ICE HOUSE"), and any and all of its current or forme all not be liable to me or my child for any injury or damage, howeve a session. I further understand that no medical, dental, or acciden	

may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law.

I agree to indemnify and hold harmless the RELEASEES from and injury or damage, however caused, sustained by an invitee or guest if either me or my child resulting directly or indirectly from that invitee or guest's participation in any and all ICE HOUSE programs at any time proceeding, during, or after such program is in session I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

Signature

Print Name:

111 Midtown Bridge Approach

Hackensack, NJ 07601

Date

Phone (201) 487-8444

www.icehousenj.com