



2016 Holiday ~ On Ice Private Lessons

Ann Arbor Ice Cube
 Mon, Tues, Wed, Thurs, Fri

Dec 26, 27, 28, 29, 30 **8:50-10:50 am**

Jan 2 **8:20-10:20 am**; Jan 3 **12:15-2:15 pm**; Jan 4, 5, 6 **8:50-10:50 am**

Coaches fees billed separately
FULL EQUIPMENT REQUIRED



Name _____ DOB _____ Level _____
 Address _____ City _____ Zip _____
 Phone (H) _____ (W) _____ (C) _____
 Parent's Names _____ E-mail _____
 Emergency Contact _____ Phone _____
 I would like a 30 minute private/semi-private lesson with _____ working on _____

- I am registering for 1-4 days \$25/day
- I am registering for 5-7 days \$22/day
- I am registering for 8-10 days \$20/day

Mail to: **Hockey Masters**
PO Box 2823
Ann Arbor, Mich. 48106

Make check to: **AA Ice Cube**
 For: _____ days @ _____/day
 = _____

Questions: [734-323-3193](tel:734-323-3193) or keilsk8@aol.com

Check the boxes of the days/times you are planning on attending:

<u>Monday Dec. 26</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Tuesday Dec. 27</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Wednesday Dec. 28</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Thursday Dec. 29</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Friday Dec. 30</u> <input type="checkbox"/> 8:50-10:50 AM
<u>Monday Jan. 2</u> <input type="checkbox"/> 8:20-10:20 AM	<u>Tuesday Jan. 3</u> <input type="checkbox"/> 12:15-2:15 PM	<u>Wednesday Jan. 4</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Thursday Jan. 5</u> <input type="checkbox"/> 8:50-10:50 AM	<u>Friday Jan. 6</u> <input type="checkbox"/> 8:50-10:50 AM

Liability Waiver

I, _____, parent/guardian of _____, participant, hereby
 (parent name) (player name)

recognize that participation in the sport of ice hockey or ice skating can be hazardous, even dangerous, and can result in minor or serious injury, even death. For these reasons, I hereby acknowledge that I understand the risks involved in skating and hockey, and, should a medical emergency arise, I grant full authorization for medical treatment to the 911 Emergency Staff on call. By signing this waiver I also agree that in no way will I hold the Ann Arbor Ice Cube, Veteran's Ice Arena, Hockey Masters, Inc., Carrie Keil, Dave Debol, or any other professional instructors liable for any such injuries should they occur. I have fully read this waiver and I acknowledge a complete understanding of the contents of this waiver.

Signed _____ Date _____