



Fall 2016

Private Lesson/Open Practice Ice

Ann Arbor's Veteran's Ice Arena

Sept. 14 – Nov. 30th (10 weeks)

Wednesdays 3:15-6:50 PM

Ice Fees: \$200 (pick any 10 weeks) **(5:00-6:50 ONLY on 11/02)**

Drop-In: \$25 per day **(3:15-4:50 ONLY on 11/16, 11/30)**

(No ice Nov. 23rd – Thanksgiving Eve)

Professional coaching 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 _____ on _____.

(Coach) (Skill)

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

Make check to: **City of Ann Arbor**
Questions: **734-323-3193**

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 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 it's contents.

Signed _____

Date _____