

HUB CITY

H O C K E Y

Pre-High School

Conditioning Clinic '07

Friday 11/16 (5:40-7:40pm), Sunday 11/18 (7-9pm),
Monday 11/19 (5:50-8:30pm), Tuesday 11/20 (7:30-9:30), Wednesday 11/21 (6-8pm)

OVER 10 HOURS OF ICE
Open to Boy's & Girl's High School Players
Cost: \$189 per player

Hub City Clinic Coaches:

Mark Jones
Head Coach, Br-Raynham HS

Todd Stirling
Head Coach, Empire Jr. B

Mike Doneghey
Head Coach, EJHL

Dave Garofalo
Asst. Coach, Stoughton HS

Jim Crites
Asst. Coach, Middleboro HS

Scott Drevitch
19yr. Professional Player

Pre-High School Conditioning Clinic Application (\$189.00 per player)

Please mail application and payment before Nov. 10th to:
Hub City Hockey, LLC., P.O. Box 336, Bridgewater, MA 02324

Today's Date: _____

Name: _____ **Position:** _____ **Date of Birth:** _____

Billing Address: _____ **E-mail Address:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Winter Team:** _____

Insurance Company _____ **Policy #** _____

Credit Card # (if applicable): _____ **Expiration Date:** _____

Name on Card: _____ **3 Digit Security Code:** _____

RELEASE OF LIABILITY/ACKNOWLEDGMENT OF RISK

Upon entering events sponsored by the Hub City Hockey, LLC, I/We understand and appreciate that participation or observation of the sport of hockey constitutes a risk to me /us of serious injury, including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release Hub City Hockey, LLC, its affiliates, their sponsors, event organizers and officials from any liability therefore. Players choosing to play without a mask do so at their own risk.

Print Name: _____ Signature: _____

Payment Refund Insurance (\$35.00 per player)

Payment Refund Insurance is available at an additional \$35. Enrollment is limited and sales are considered final. This insurance must be purchased at the time of registration and the \$35 will not be included in any reimbursement. Hub City Hockey must be notified with confirmation before the series begins allowing the participant complete reimbursement. Refunds will not be afforded without the purchase of such insurance. (Insurance is optional but recommended.)

Total Payment: \$ _____ **+ Refund Insurance (Optional) \$** _____ **= Amount Enclosed \$** _____

For Questions Call: Todd Stirling 508-279-0600x111

tstirling@hubcityhockey.com