

HUB CITY

RI Spring Skills '09

Open to Players with Birth Years: '93, '94, '95, '96

June 6th- August 15th, 2009 (10 weeks)

Saturday Mornings: 10:30am-12:00pm

\$185 before April 20th, \$215 before May 20th, \$255 after May 20th, Walk-On fee \$25 per session

A progression of skills building each week, with challenging up-tempo drills

Transition from youth hockey to Junior High School to HS/Prep/Junior Hockey

Hub City Clinic Coaches:

*Pat Desir
Moses Brown*

*Todd Stirling
Hub City Hockey*

APPLICATION BELOW

RI SpringSkills '09 Application

Please mail application and payment to:

Hub City, LLC., P.O. Box 336, Bridgewater, MA 02324

\$185 before April 20th, \$215 before May 20th, \$255 after May 20th

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 508-279-2841