



Fall Showcase 2008

For High School Players

Refine your skills/game for the upcoming
High School Season

Sept. 8th to Nov. 14th, 2008
30 Sessions over Ten (10) weeks
affordably priced at \$369 per player.

Weekly Curriculum/Schedule

<u>Day</u>	<u>Time</u>		<u>Dates</u>
Mon.	3:30pm-5:00pm -	Skills- on ice- (Group A)	Sept.8-Nov. 10
Tues.	3:30pm-5:00pm-	Powerskating	Sept.9-Nov. 11
Tues.	5:30pm-6:45pm-	Off Ice Conditioning	Sept.9-Nov. 11
Thurs.	3:30pm-5:00pm -	Skills- on ice- (Group B)	Sept.11-Nov. 13
Fri.	3:30pm-5:00pm-	Scrimmages (all groups)	Sept.12-Nov. 14

About our Staff:

Ed Lemaire- Ed was a member of the 1992 French National Hockey Team and played Hockey in the European Leagues. He was the Director of Drummond Hockey Schools and has over 24 years of coaching experience. Ed is currently an instructor at The Rinks.

Pat Bingham (Special Guest instructor- Assistant coach for the Bridgeport Sound Tigers. Former professional hockey player, ECHL Coach of the year in 2004. Selected days only.

Betsy Day- Francis- Power Skating, PSA Triple Master Rated

Betsy is Director of our skating program and has over 26 years of teaching experience. Betsy's coaching credentials include achieving the Professional Skating Association "elite" TRIPLE Master Rated Coach, PSA Master Rated Program Director, Master Sports Science, Master in Group, and has a Senior Dance and Hockey 1 & 2 accreditation.

Jim Ronai, MS,PT, ATC, CSCS, Off Ice Conditioning

Jim is the Trainer for the US Olympics Women's Bobsled team and assistant trainer for the Men's Olympic Hockey Team. Jim is principal at Rehabilitation Associates and owner of Competitive Edge Training.



www.SportsCenterCT.com

*- All prices/programs subject to change without notice.
Sessions end ten (10) minutes prior for ice resurfacing.

High School Hockey Showcase- Fall 2008

784 River Road, Shelton, CT 06484 203-929-6500 fax-203-929-7624

(Payment in full must accompany enrollment. Thank you.)

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Home #: _____

Town: _____ State/Zip _____ work #: _____

E-mail : _____ Cell #: _____

Registration Fee - \$369.00

code: **Clinics 2008**

Credit Card Information:

I authorize The Rinks at Shelton to charge the above balance to my account without further notice.

Credit Card #- _____ Exp. Date: _____

The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,
4. PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

Parent/ PARTICIPANT HAS READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDS ITS TERMS, UNDERSTANDS THAT PARTICIPANT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Date Signed: _____
Parent/Participant's Signature

*- Pro-rata refunds only if due to injury/major sickness which result sin missing a substantial amount of classes (Doctor's note required) net of \$25 admin fee. All prices/programs and rules are subject to availability and change without notice. Times/days/dates are a good faith approximation and subject to change. Complete hockey gear/equipment and helmet required.