



# Women's Clinic

## Summer 2008

### For Grades 8-12 and Adults

**Seven (7) one (1) hour Sessions for \$99**

**Thursdays from 8:45pm- 9:45pm**

**Starting July 10<sup>th</sup>**

***Taking your game to the next level.***

#### **Clinic Curriculum:**

Improve your stickhandling, shooting and passing skills. Includes scrimmages. Participants will be grouped by age/skill level.

**Session Dates: July 10** (exception 9:15-10:15pm), **17, 24, 31 Aug 7, 14, 21**

#### **About our Staff:**

##### **Marty Crouse- Head Coach, St. Joseph High School Hockey**

Marty has more than 25 years of coaching and teaching experience. Marty was a High School All American, a two time Connecticut All State High School Champion, former Prep school and NCAA Division I and IHL hockey player. Marty is the all time leading scorer at West Haven High School and voted into their Athletic Hall of Fame.

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

**Enrollment for 7 sessions is \$99**

**Walk In Fee, if available- \$25.00/Session.**

**Complete Hockey gear and helmet/facemask required.**

**The Rinks at Shelton**

784 River Road, Shelton, CT 06484

203-929-6500 [www.SportsCenterCT.com](http://www.SportsCenterCT.com)

\*- \*- No refunds. 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. All times are 10 min. less for ice resurfacing.



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

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Registration Fee** **\$99.00**

Acctg 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.
6. I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes.

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.

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: \_\_\_\_\_

Participant's Signature

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