



KINGSWAY ICE HOCKEY

2019 Spring Beginner's Clinic

Registration Form

Player's Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail _____
 Date of Birth _____ Age _____ Gender _____
 Parents' Names _____
 Jersey Size: (circle) YS YM YL AS AM AL
 Medical condition or medications needed: _____

Clinic Description

This clinic is intended for beginner hockey players- boys and girls. There will be a strong emphasis on the fundamentals of hockey: skating, stickhandling, passing and shooting. Goalies are encouraged to register.

Date	Time	Rink
Saturday 4/6	10:00 am – 11:00 am	Iceworks 3
Saturday 4/13	10:00 am – 11:00 am	Iceworks 3
Saturday 4/20	10:00 am – 11:00 am	Iceworks 3
Saturday 4/27	10:00 am – 11:00 am	Iceworks 3
Saturday 5/4	10:00 am – 11:00 am	Iceworks 4
Saturday 5/11	10:00 am – 11:00 am	Iceworks 4
Saturday 5/18	10:00 am – 11:00 am	Iceworks 4

Insurance Information

Insurance Carrier _____
 Policy Number _____

Equipment: All players are required to wear full ICE HOCKEY gear: helmet with cage, shoulder pads, shin pads, elbow pads, hockey pants, cup or pelvic protector, gloves, skates, stick. Players not in full equipment will not be permitted to participate. Each player will receive a jersey as part of the registration fee.

Parental Consent

I have read the application and agree to the terms and conditions herein. I certify the questions on the application have been answered correctly. I hereby give my consent for my child to participate in the programs operated by Iceworks and/or its proprietors. I further agree that Iceworks or the camp coaches will not be held responsible for any accidents, injury, or loss, however caused, during the hockey school session attended by my child. This is also my written permission to have my child admitted, and attended to, for medical or dental treatment in case of sickness or injury.

USA Hockey Registration: This is **required**, for insurance purposes, to participate in this clinic. If you have a 2018-2019 USA registration, it will suffice. If you do not have a 2018-2019 registration, you will need to go on-line at www.usahockey.com, after 4/1/19, and register for the 2019-2020 season. There is an additional fee for USA Hockey registration.

Instructors: The clinic will be taught by the Kingsway and Penncrest Ice Hockey coaching staffs.

Clinic Registration Fee (due by 3/29)

Standard fee.....\$100.00 per player
 Make check payable to **Kingsway Ice Hockey Club**

Mail Check, USA Hockey Registration and this form to:
 Kingsway Ice Hockey
 P.O. Box 331
 Swedesboro, NJ 08085

Signature of Parent/Guardian _____ Date _____

Reservation and Payment

We will limit the number of registrations.
 No refunds after the first session begins.

FOR QUESTIONS OR ADDITIONAL INFO, CONTACT:
 Chris Francis- E-mail: Chrisf11@comcast.net

The clinic will be held at:
Iceworks Skating Complex
3100 W. Dutton Mill Rd.
Aston, PA 19014