



PRESENTS

TOP GUN HOLIDAY CLINIC

PLACE: GLACIER ICE AND SNOW ARENA

TIME: 8:30AM To 10:30AM W&T, 8:10AM To 10:10AM on F

DATE: January 2 To January 4 2019 (Wednesday-Friday)

THIS IS AN INTENSIVE 1 HOUR DYNAMIC SKATING SESSION AND 1 HOUR SKILLS SESSION EACH DAY

Please fill out and mail registration to Top Gun Hockey C/O Paul Tilley, 1101 SE 15 Ave Deerfield Beach, FL 33441 with your payment of \$225.00. Make check payable to Top Gun Hockey. You can also pay with paypal at <https://www.facebook.com/topgunhockeyschool>. If you have any questions, please call Paul Tilley at 954 821-5046.

Player's Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____

Email: _____ Telephone: _____

Jersey Size: Youth L Men Small Men Medium Men Large Men X-large PLEASE CIRCLE

LIABILITY WAIVER

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the student/s while participating in any activities or while on the premises of the Top Gun Hockey School Camp; the undersigned assumes all responsibility for any and all risk for damage or injury that may occur to the above named student/s as a participant in Top Gun Hockey School Camp, including practices, games, skill sessions, clinics, and other activities related to the program. In consideration of such, the undersigned hereby releases and discharge the program, the given Ice Arena, Ted Dent, Paul Tilley, it's operators, employees, agents, supervisors, instructors, and other players from all claims, demands, rights or cause of action present or future, whether known or anticipated and resulting from or arising out of or incident to the undersigned participation with the said program. I give permission to have my child examined and treated by a qualified medical professional if he or she becomes injured in my absence.

_____ Parent Signature _____ Date