

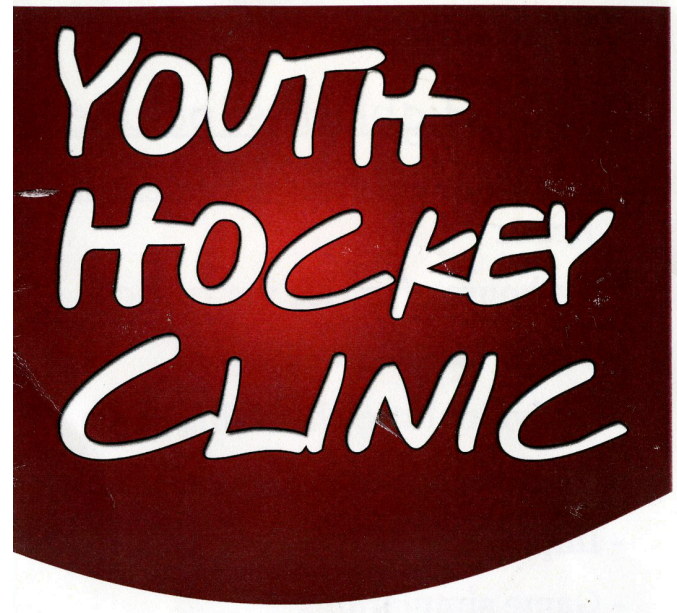
Parental Consent Form

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the participant. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the participant, the medical attention to be given, and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of _____ (participant) understand that hockey is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and staff, and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in hockey and clinic activities. I/We, represent that I/We have sought the opinion of our child's physician _____ (participant's physician), and he/she concurs that my/our child is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the participant listed above, to be assured that he/she is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Preseason Hockey Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities or while at the clinic, whether or not damages, injury, or loss is due to negligence.

Signature of Parent/Guardian _____

Date _____

Preseason
Hockey *hosted by*
Clinic



Clinic Highlights Include

- Preseason ice time at Underhill Arena
- 5 hours of on-ice instruction
- Power skating techniques
- Individual stick handling skills
- Power shooting and passing
- Improve edge control
- Game simulations
- Develop agility, strength, and quickness
- Jersey included!



Questions? Wanna sign up?
 Call or e-mail Lauren:
 240-0929
 lslipp@bates.edu

The Bates College Men's and Women's Ice Hockey teams are sponsoring a Preseason Clinic this October to help you get a leaping head start for the 2009-2010 hockey season! The clinic will focus on providing individual attention to each skater, helping each child learn new skills, improving their dexterity, and most importantly, ensuring that everyone has FUN!! The program offers two separate sessions to help maximize each child's potential. Sessions A and B are open to both boys and girls and are divided by age group.

The Preseason Clinic will be instructed by Roger Lachapelle and Tom LeBlond, the Bates College women's and men's team coaches, both of whom have extensive and notable coaching experience in Lewiston, and their players. Every child will be given a free jersey signifying their participation in the clinic.

****Each session is limited to 40 skaters****

SESSION A: 5-9 YEAR OLD BOYS & GIRLS

Dates: Monday, October 26-
 Friday, October 30
 Time: 6:00-7:00 pm
 Location: Underhill Arena, Bates College
 Cost: \$75

SESSION B: 10-14 YEAR OLD BOYS & GIRLS

Dates: Monday, October 26-
 Friday, October 30
 Time: 7:15- 8:15 pm
 Location: Underhill Arena, Bates College
 Cost: \$75

Please fill out information below, sign waver on back, detach and mail in with check for \$75 to:

**Preseason Hockey Clinic
 c/o Lauren Slipp
 734 Bates College
 Lewiston, ME 04240**

Please make checks payable to:
Bates Preseason Hockey Clinic

Player Information:

First Name Last Name Middle Initial

_____ male/female _____

Age (circle one) DOB (mm/dd/year)

Clinic A or B Years played Position

Contact: _____

Street Address:

City State Zip

Parent/Guardian name(s)

Home Phone Cell Phone

e-mail address
 (notification will be sent upon receipt of payment)