

# SPRING/SUMMER 2008



## HOCKEY CLINIC

**THURSDAY NIGHTS 4/24/08 - 8/21/08**

RI Hockey Development is offering an overall hockey skills clinic designed to improve skating technique, stick handling, passing and shooting skills. Proper technique of these skills will be instructed to the players. This clinic is focused on overall player development. Beginner hockey players are welcomed to attend the first hour (provided that they can skate on their own).

Goalie instruction will be offered.

**INFO:** All clinics held at RI Sports Center—(Rte. 146) No. Smithfield, RI

- Session times (by birth year)—5:00pm ('00 and younger), 6:00pm ('99 - '96) and 7:00pm ('95 through high school age). All must skate with proper age session.
- \$295 payment in full due with application. Walk-ons are available for \$20 per session throughout the clinic (space permitting).

**WHEN:** Thursday nights for 17 weeks from April 24<sup>th</sup> thru August 21<sup>st</sup>, 2008 (no session on July 3, 2008)

**Please make checks payable to:** RI Hockey Development

**Mail to:** RI Hockey Development P.O. Box 7725 Cumberland, RI 02864

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ # Years of Hockey Experience: \_\_\_\_\_

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**Release of Liability/Acknowledgment of Risk:**

In conjunction with my son or daughter's participation in events sponsored by the Rhode Island Hockey Development ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For additional information, please log on to [www.risportscenter.com](http://www.risportscenter.com).