



# Beginner Hockey Instruction Program

Boys & Girls Ages 4-12 (5) Sessions \* \$ 50.00

**EQUIPMENT NEEDED:** Skates and a helmet (certified ice hockey only) with facemask. If needed, the rink will *provide these at no charge*. You will need to bring gloves (winter mittens can be used) and a stick. **We have Beginner hockey sticks available for purchase in both of our Hockey Shops.** (Note if you are BRAND new to skating you will not need a stick right away. You will use a walker skating-aid instead.)

**INSTRUCTED BY:** Coaches Jim Blair, Ron Nowakowski & Joe Wasik

## CURRENT CLINICS

CLINIC # 14 @ LEISURE		CLINIC # 15 @ HOLIDAY	
MON 4/16	4:45 – 5:45 PM	THUR 4/26	5:30 – 6:30 PM
MON 4/23	4:45 – 5:45 PM	THUR 5/3	5:30 – 6:30 PM
MON 4/30	4:45 – 5:45 PM	THUR 5/10	5:30 – 6:30 PM
MON 5/7	4:45 – 5:45 PM	THUR 5/17	5:30 – 6:30 PM
MON 5/14	4:45 – 5:45 PM	THUR 5/24	5:30 – 6:30 PM

Please arrive 20-30 minutes early for your 1<sup>st</sup> session !! Call us with any questions you may have at **685-3660**  
You can also visit us on-line @ [www.holidayrinks.com](http://www.holidayrinks.com) for further information or to Register for the Clinic !!

**Please note that these Clinics fill VERY FAST. Please register early.**

Holiday Twin Rinks 685-3660  
3465 Broadway  
Buffalo, NY 14227

Make checks payable to  
either Holiday Twin **OR** Leisure Rinks

Leisure Rinks 675-8992  
Union & Orchard Park Rds.  
West Seneca, NY 14224

### -----BEGINNER HOCKEY INSTRUCTION PROGRAM-----

NAME \_\_\_\_\_ BIRTH YR. \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address to receive program updates \_\_\_\_\_

Registering For:

Clinic # \_\_\_\_\_  
(List Clinic #)

I will need: Helmet \_\_\_\_\_

Skates \_\_\_\_\_

My Shoe Size \_\_\_\_\_

NO Equip Needed \_\_\_\_\_

\$ 50 fee required with Application

Please Check Here if this is your FIRST Beginner Clinic ? \_\_\_\_\_



## FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Broadway Rinks Limited Partnership DBA as Holiday Twin Rinks, & Leisure Rinks Southtowns, Inc. from any and all liability incidents to my child's involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF BROADWAY RINKS LIMITED PARTNERSHIP DBA HOLIDAY TWIN RINKS OR LEISURE RINKS SOUTH TOWNS, to the fullest extent provided by law.

I also give HOLIDAY TWIN RINKS or LEISURE RINKS permission to obtain emergency medical treatment should it be necessary and a parent or guardian cannot be reached.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number(s)