



"Pre-Pepsi Kids"

Beginner Instruction Program

Boys & Girls Ages 4 – 9*

6 Sessions * \$ 80.00

PROGRAM FEATURES: This unique program is designed for those skaters who have gone to 1 or 2 *Beginner Clinics*. The 6 ice sessions will feature continued instruction as well as skating drills and ½ **ice scrimmage game** situations. This is the perfect warm up if you plan to register for the TEAM Pepsi Kids program which begins the weekend of Jan 28th. Note: * **Girls can be aged 10**

EQUIPMENT NEEDED: Skates and a helmet (certified ice hockey only) with facemask are required for first 3 sessions. (If needed, the rink will *provide these at no charge.*) You will need to bring gloves (winter mittens can be used) and a stick. All players will then need FULL Equipment for the remainder of the program beginning Jan 8th. The rinks offer a complete Beginner Package at a 25% Discount . Call either of our **Hockey Shops** for the details.

ONE HOUR ICE SESSIONS

DAY	DATE	RINK	TIME
THURSDAY	DEC 15	HOLIDAY	4:45 PM (LAST NAME A – L)
(RATING SESSIONS)	DEC 15	HOLIDAY	5:45 PM (LAST NAME M – Z)
MONDAY	DEC 26	HOLIDAY	TIMES FROM 2:00 – 5:00 PM
SATURDAY	DEC 31	HOLIDAY	TIMES FROM 12:15 – 3:30 PM
SUNDAY	** JAN 8	LEISURE	TIMES FROM 1:45 – 5:00 PM
SUNDAY	JAN 15	LEISURE	TIMES FROM 2:15 – 5:30 PM
SAT OR SUN	JAN 21 OR 22	HOLIDAY	TIMES WILL BE ADVISED
CALL US WITH ANY QUESTIONS YOU MAY HAVE AT 685-3660 OR VISIT US ON-LINE @ WWW.HOLIDAYRINKS.COM			

** Players will need full equipment by this session. (½) ice Scrimmage games will start.

Coaches will contact players a few days after Rating to advise starting times.

Please note that registration for the program is limited to 130 students!! Be sure to 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

-----PRE-PEPSI KIDS INSTRUCTION PROGRAM-----

NAME _____ BIRTH YR. _____ PHONE# _____

ADDRESS _____ CITY/ST _____ ZIP _____

EMAIL ADDRESS _____

\$ 50 fee required with Application * \$ 30 Balance will be due no later than Jan 8

Or Pay in FULL w/single payment of \$75.00 and Save \$ 5.00

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 SOUTHOTOWNS, 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)