



# 2010 SPRING BREAK Skating & Puck Skills

Clinic for 6-13 Yr Olds - 2 Groups  
@ Holiday Twin Rinks

The "Paul Grundtisch Hockey School's Spring Break Clinic" has been designed to improve and enhance the player's basic skills through instruction and skill development drills. This clinic is for boys and girls age 6-13 with House League to Travel experience. (NO BEGINNERS PLEASE). Each day the clinic will include one hour of intense instruction. A "FUN" thirty-minute scrimmage with lines set up by age and ability will conclude the day. ***The Clinic will be given by Paul Grundtisch and his experienced staff of instructors.***

		GROUP 1 AGES 6 – 9	GROUP 2 AGES 9 - 13	<u>NOTES</u>
<b>Mon</b>	<b>April 19</b>	10:15 – 11:45 am	12:30 – 2:00 pm	➤ All times listed are "On-Ice" times.
<b>Tues</b>	<b>April 20</b>	10:15 – 11:45 am	12:30 – 2:00 pm	➤ 9 yr olds can choose Group 1 or Group 2
<b>Wed</b>	<b>April 21</b>	10:15 – 11:45 am	12:30 – 2:00 pm	➤ FULL Equipment is required
<b>Thur</b>	<b>April 22</b>	10:15 – 11:45 am	12:30 – 2:00 pm	<b>Please report at least 30 minutes early to the first session for Check-In</b>
<b>Fri</b>	<b>April 23</b>	10:15 – 11:45 am	12:30 – 2:00 pm	

**COST:** \$ 125.00 for all (5) sessions. \$ 60.00 Deposit is required with application.

**REGISTRATION:** Complete the application and return to either Holiday Twin or Leisure Rinks. You will receive a mailed confirmation notice prior to Clinic.

**NOTE !! The first (4) Goalies in each group will be registered at NO CHARGE !!**

**This popular Clinic fills very quickly - so be sure to register early !!**

**HOLIDAY TWIN RINKS**  
3465 Broadway Cheektowaga, NY 14227  
685-3660

**2010 EASTER BREAK Clinic**

**LEISURE RINKS**  
Union & O. Park Roads West Seneca, NY 14224  
675-8992

Name \_\_\_\_\_ Age \_\_\_\_\_ Tel# \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Group 1 (6-9) \_\_\_\_\_ Group 2 (9-13) \_\_\_\_\_

***Please Check One Only***

Current Team \_\_\_\_\_

Office use Only : \$ 60 deposit Paid \_\_\_\_\_

### 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)