

SKATE FREDERICK & FREDERICK FURY

CHECKING CLINICS

**Wednesday April 23rd &
Tuesday April 29th**

6:00-7:20PM

\$30 for both sessions



***This clinic is specially designed for
1997, 1996 and 1995 birth year.
1997's are strongly encouraged to attend.***

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
DOB: _____
Payment Method: Cash: _____ Check# _____
 Visa _____ exp: _____
 Mastercard _____ exp _____

RELEASE: In consideration of the Participant being permitted to register and participate in ice skating at Skate Frederick LLC we do hereby forever release and discharge its Directors, Coaches, Agents, Employees and any person or corporation connected herewith from all manner of action, injury, damages, casts, claims or demands which we will shall or may hereafter have suffer or received by reason of such participant in any program at the center. The release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Skate Frederick shall not be considered to guarantee or warrant such equipment as may be used in the conducting of said ice skating activity. Skate Frederick LLC reserves the right to use any pictures taken during the skating activity for advertising and/or promotional purposes.

I HAVE READ AND UNDERSTOOD ALL THE INFORMATION PRESENTED IN THIS FLYER.

Signature

Date

**For more information, call Hockey Director,
Sylvain Cardin @ (301) 662-7362 ext. 17 or email
@ skatefrederickhockey@comcast.net**

