

**Summer 2019, August Clinics
O'Brien Rink, 55 Locust St.
Woburn, MA 01801**

**John Roderick's
Power Skating, Skills &
Conditioning Clinics**

-Monday, August 19th through Thursday, August 22nd, 2019 at O'Brien Rink, Woburn, MA
6:00pm-7:30pm: All Levels/All Positions, L.T.P., Mite, Squirt, Peewee, Bantams & U8 through U16 Girls
\$150 per skater (6 hours of on ice instruction)

-Monday, August 19th through Thursday, August 22nd, 2019 at O'Brien Rink, Woburn, MA
Elite/AAA/Tier 1 Skills, Conditioning and Checking Clinic for 2005 & 2006 Birth Year Players
6:00pm-7:00pm Dryland Training (adjacent soccer/baseball field)
7:30pm-9:00pm: On Ice Conditioning, Powerskating and Skill Clinic: \$200 per skater (4 hrs. of Dryland & 6 hrs. of on ice)

-Monday, August 26th through Thursday, August 29th, 2019 at O'Brien Rink, Woburn, MA
6:00pm-8:00pm: All Levels/All Positions, L.T.P., Mite, Squirt, Peewee, Bantams & U8 through U16 Girls:
\$200 per skater (8 hours of instruction)

Name of Child _____

Date of Birth: ____/____/____ Age: _____ Male Female

Current Youth Hockey/Select/Elite Program: _____

Youth Hockey/Select Team Level (please check one): Learn to Play Hockey/City League/Tri-City/U6Girls
 Mite/U8Girls Squirt/U10Girls Peewee/U12Girls Bantam/U14Girls

Parent/Guardian Name: _____

Phone: _____ Email: _____

My child will attend (please check all that apply)

August 19th – August 22nd, 2019 AND/OR **August 26th – August 29th, 2019**
Monday through Thursday, 6:00pm-7:30pm **Monday through Thursday, 6:00pm-8:00pm**
\$150 per skater (4-night clinic, 6 hours on ice) **\$200 per skater (4-night clinic, 8 hours on ice)**

August 19th – August 22nd, 2019 (6pm-9pm): Elite/AAA/Tier 1 Skills/Conditioning and Checking Clinic for 2005 & 2006 Birth Year (Permission required if not on an Islander's 05/06 Elite/Tier 1 teams)

DISCOUNTS: If you sign up for both clinics (4 days both weeks), there is a \$50 discount per skater. If you sign up more than one sibling, there is a \$50 discount for each sibling after the 1st (i.e. child #2 \$50 off, child #3 \$50 off, etc...). No multi-clinic or sibling discounts if your child(ren) doesn't attend all 4 days.

*Please be advised that credits/refunds may only be issued 48 hours prior to the first day/night this clinic begins. Staffing is in conjunction with an exact amount of kids. If your child has a medical emergency after the start date, please forward a doctors note to John Roderick. If there are any other questions or concerns, please contact John at: john@roderickhockeyskills.com. Checks must accompany this application in order to reserve a spot for your child(ren).

I have read and understand the credit/refund policy.
Please mail this registration, waiver form and check made out to:

John Roderick, Jr., 3 Abbott Court Woburn, MA 01801
Venmo payment to: @John-Roderick-1

Your Signature _____ Date ____/____/____

John Roderick's

Power Skating, Skills & Conditioning Clinics

Waiver of Liability

August 2019 Ice Hockey Clinics

I agree that I shall provide health insurance to cover any personal injury and property damage sustained by the camper while participating in any activities of or while on the premises leased or otherwise under the control of John Roderick's School Break Clinics & Camps. The undersigned assumes all responsibility for any and all risk of damage or injury that may occur to the above named player as a participant in John Roderick's School Break Clinics & Camps, including practices, scrimmages, skills sessions, clinics, games, and other activities related to the program. Additionally, the undersigned hereby releases and discharges the program, John Roderick, its operators, employees, agents, supervisors, instructors and other players from all claims, demands, rights or causes of action present or future, whether known or anticipated and resulting from or arising out of an incident to the undersigned participation in said program. This is also my permission to have my child admitted and attended to for medical and dental treatment, in case of sickness or injury, that all physicals and inoculations are up to date. John Roderick's School Break Clinics & Camps has a zero tolerance policy with respect to uncontrollable behavior, bullying, hazing. Any skater found to have committed these acts will be immediately dismissed from the program and will forfeit all amounts paid. By signing this release and by being enrolled in this program you assent to the enforcement of this. Dates and times are subject to change due to weather and rink malfunctions. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of this agreement is invalid, the remainder shall continue in full legal force and effect. I further agree that any legal proceedings related to this waiver shall take place in the Boston, Commonwealth of Massachusetts.

Skater's Name: _____

Parent/Guardian Name: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Note: This release must be signed prior to the participation in the Program