

3 Day Adult Hockey Clinic

Saturday, March 25th 2:45-3:45pm

Sunday, March 26th 1:30-2:30pm

Saturday, April 1st 5:15-6:15pm

No experience necessary & all abilities welcome!

\$45.00 for all 3 days, \$15 early sign up or \$20.00 day-of.

**Sign up online or at
Treadwell Arena TODAY!**

907-586-0410

www.treadwellarena.org

Like us on Facebook

Gear available!

Helmets, Breezers, Elbow pads, Gloves,
Shin guards, Sticks & Jerseys

First come, first served



Adults only 18+



2017 – ADULT HOCKEY CLINIC

AGES: 18 and Over

WHEN: March 25-2:45-3:45pm, March 26-1:30-2:30pm, April 1-5:15-6:15pm

FEES: \$45.00 for 3 day clinic, \$15 early registration OR \$20.00 per drop-in

CLINIC HIGHLIGHTS

- 3 day hockey clinic
- Gear 1st come 1st served
- Skates Free

SESSION DATES - NO REFUNDS

☐ **Saturday, March 25th**
2:45-3:45pm

☐ **Sunday, March 26th**
1:30-2:30pm

☐ **Saturday, April 1st**
5:15-6:15pm

PLAYER INFORMATION

First Name:

Last Name:

☐ M ☐ F
DOB ____/____/____

Mailing Address:

City:

State:

Zip Code:

Home Phone: ()

Work Phone: ()

Email Address:

EMERGENCY CONTACT INFORMATION

Contact
Name

Contact
Number ()

Contact Email

SKATING ABILITY INFORMATION

NONE

AVERAGE

HIGH

1 ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐

1. None
2. Able to only skate forward
3. Good forward skating ability, able to stop.
4. Able to forward cross over with relative ease and good backward skating.
5. Able to do all of the above and can skate backwards

WAIVER & RELEASE

I recognize that the activity for which I am registering myself involves a risk of injury and in consideration of your accepting my registration. I waive and release any and all rights and claims for damages I may have against the city and Borough of Juneau, its employees and agents, for any and all injuries suffered by me while participating in this activity unless such injury is caused by gross neglect of the City and Borough of Juneau or it's employees or agents.

Signature Participant 18+ / Parent / Guardian

Date

PAYMENT INFORMATION

CHECK BOX BELOW

OFFICE USE ONLY

☐ Check
CHECK # _____

☐ Cash

☐ MC

☐ Visa

DATE RECEIVED:

CREDIT CARD # :

TOTAL AMOUNT PAID:

EXPIRATION DATE:

3 digit security code:

SAFARI RECEIPT #:

NAME ON CARD:

STAFF INITIALS:

CARD HOLDERS SIGNATURE:

2 Sessions \$30.00 = _____
1 Session \$15.00 = _____
Drop in Session \$20.00 = _____

SIGN UP TODAY! SPACE IS LIMITED!

Mailing Address: Treadwell Ice Arena 105 Savikko Rd. Douglas, Alaska 99824

Phone (907) 586-0410 **Fax** (907) 586-4540

www.treadwellarena.org



Located at: 105 Savikko Road • Juneau, Alaska • 907-586-0410