



Spring Player Development Practices

1 HOUR ON ICE PLAYER DEVELOPMENT HOCKEY PRACTICES

Designed specifically for kids who have completed the Learn to Skate/Player Development program who have not yet had any experience on a team in league play.

Skating, stick handling, shooting, passing, and game play

COST: 10 Tuesday Sessions for \$100.00

EBLE Player Development Practice Schedule

TUESDAY	3/17/15	5:30pm – 6:30pm
TUESDAY	3/24/15	5:30pm – 6:30pm
TUESDAY	3/31/15	5:30pm – 6:30pm
TUESDAY	4/7/15	5:30pm – 6:30pm
TUESDAY	4/14/15	5:30pm – 6:30pm
TUESDAY	4/21/15	5:30pm – 6:30pm
TUESDAY	4/28/15	5:30pm – 6:30pm
TUESDAY	5/5/15	5:30pm – 6:30pm
TUESDAY	5/12/14	5:30pm – 6:30pm
TUESDAY	5/19/14	5:30pm – 6:30pm

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EBLE ICE ARENA RELEASE OF LIABILITY

I Am Being Allowed to Participate in Open Hockey at Eble Ice Arena. I Understand That There Are Certain Dangers Inherent in Playing Open Ice Hockey, Which Includes but Is Not Limited to Injuries from Contact with Other players, Sideboards, Goal Standards, the Ice, the Puck and Equipment. In Consideration of Being Allowed to Participate in Open Ice Hockey, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Hockey. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Playing Open Hockey. All Participants must Wear Full Hockey Equipment Including Helmets and Face Masks, USA Approved.

CHILD'S NAME _____ AGE _____

ADDRESS _____

PHONE# _____

EMAIL ADDRESS _____

PARENT/GAURDIAN SIGNATURE _____ DATE _____

