

PARTICIPANT RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT  
READ BEFORE SIGNING

Participant Name \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the Undersigned, acknowledge, appreciate and agree that: 1.) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death; and 2.) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and 3.) I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and 4.) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE STEEL ICE CENTER, its Officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH, I may suffer, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_  
Participant's Signature      Age      Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature      Date

Emergency Phone Number(s) \_\_\_\_\_



# 2020 Spring Skills Clinics

320 East 1<sup>st</sup> Street  
Bethlehem, PA 18015  
610-625-4774  
Www.steelicecenter.com

## 2020 Spring Skills Clinics

### General Skills

These clinics are for Players with birth years 2008-2011 and girls of all ages. During these clinics we will focus on the following skills: Power Skating, Passing & Stick Handling, Shooting and Team Drills.

The Steel Ice Center is committed to guiding players to have the strong skills and confidence to succeed in the game.

### Checking

This clinic is for players with birth years 2007-2002. Body contact and body checking are key parts of this fast and exhilarating game. Learning the proper technique and player safety is critical for players to give and receive body checks will allow them to play at the top of your game.

The Steel Ice Center is proud and excited to provide body contact and checking clinics to develop those skills. These clinics will help train your game so that you have the skills and confidence to play to the best of your abilities in tight, physical situations while also reducing the likelihood of injury.

**Key Areas of Focus:** Player Protection,  
Proper technique of giving and receiving hits,  
Angling and Positioning and  
Along the wall work.

### Instructors

The clinics will be run with RU, Phantoms Youth and Steel Ice Center all working together.

### To Register

- Visit the Steel Ice Center Front Desk • Use this brochure as your registration form
- Register for any class you like

Contact Us Phone: 610-625-4774  
Email: [aroesch@ptd.net](mailto:aroesch@ptd.net)  
Web: [www.steelicecenter.com](http://www.steelicecenter.com)

## 2020 Spring Hockey Clinics

### General Skills for birth years 2011 - 2008

Tuesday 3/10/2020  
6:15p-7:15p

Tuesday 3/31/2020  
6p-7p

### General Skills for Girls

Thursday 3/12/2020  
6:15p-7:15p

Wednesday 3/25/2020  
6p-7p

### Checking for birth years 2007 - 2002

Wednesday 3/18/2020  
7:15p-8:15p

Wednesday 3/25/2020  
7:15p-8:15p

Cost:  
\$25 per session

Equipment:  
Full Equipment Required!

## 2020 Spring Hockey Clinics Registration Form

Players Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Contact Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please Circle Clinic Attending:

General Skills for birth years 2011 - 2008 -	3/10/2020	3/31/2020
General Skills for Girls -	3/12/2020	3/25/2020
Checking for birth years 2007 - 2002 -	3/18/2020	3/25/2020

**Please Sign Waiver On Back**

**\* NO CASH REFUNDS \*  
RINK CREDIT WILL BE GIVEN.**