

NORTH JERSEY AVALANCHE



**2018 Spring Training with
Mike Kim, Tom Preville**
Register online @ www.icehousenj.com



8-week program for Squirt, Pee wee and Bantam travel players only
limited to 24 skaters per session

A- Power Skating & Conditioning

(Mike Kim)

Tuesdays April 24th - June 12th 7:30-8:30 pm \$325

B- Goaltending Clinic

(Dan Meyers)

Wednesdays April 25th - June 13th 6:00-7:00 pm \$325

C- Checking & Defensive Skills (pee wee & bantam only)

(Tom Preville)

Wednesdays April 25th - June 13th 7:15-8:15 pm \$325

D- Stickhandling & Shooting

(Mike Kim)

Thursdays April 26th - June 14th 7:30-8:30 pm \$325

2018 SPRING TRAINING CLINIC REGISTRATION

Register online @ www.icehousenj.com

PLAYER NAME	DATE OF BIRTH
CURRENT TRAVEL TEAM	
ADDRESS	
CITY, STATE, ZIP	
PARENT'S NAME	CELL PHONE #
E-MAIL ADDRESS	

(Circle Program)

A-Power Skating

B-Goaltending

C-Checking/Def

D-Stickhandling

PAYMENT INFORMATION

NO REFUNDS or CREDITS

AMOUNT \$ _____ CHECK # _____ (make checks payable to Ice House Hockey)

CREDIT CARD # _____ EXP. DATE _____



NAME & BILLING ADDRESS ON CARD _____

PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I acknowledge and assume all risks of injury associated with participation in the ICE HOUSE'S skating programs. I also agree that Midtown Bridge LLC d/b/a ICE HOUSE ("ICE HOUSE"), and any and all of its current or former directors, officers, members, employees, attorneys, representatives, insurers, agents, successors, and assigns (individually and collectively the 'RELEASEES'), shall not be liable to me or my child for any injury or damage, however caused, resulting directly or indirectly from my child's participation in any ICE HOUSE programs at any time proceeding, during or after such program is in session. I further understand that no medical, dental, or accident insurance is provided to any ICE HOUSE program participant, including my child, and I, by the ICE HOUSE.

I release, discharge, and promise not to sue the RELEASEES from and with respect to any and all claims, actions, suits, liabilities, or damages whatsoever which against the RELEASEES, my child and I have, or hereafter can, shall or may have for, upon, or by reason of any injury or damage to me or my child. I intend this release to be a general release of any and all claims to the fullest extent permissible by law.

I agree to indemnify and hold harmless the RELEASEES from and injury or damage, however caused, sustained by an invitee or guest if either me or my child resulting directly or indirectly from that invitee or guest's participation in any and all ICE HOUSE programs at any time proceeding, during, or after such program is in session. I grant ICE HOUSE the right to use all photographs or videos taken of me or my child during any ICE HOUSE programs for advertising and promotional purposes.

Print Name: _____ Signature: _____ Date: _____

Ice House 111 Midtown Bridge Approach

Hackensack, NJ 07601

Phone (201) 487-8444

www.icehousenj.com