

2010 SUMMER CAMPS/CLINICS

Pettit Hockey Skills Clinic Registration Form

PLEASE PRINT IN PEN

Name: _____ Age: _____

Date of Birth: _____ Boy or Girl (circle one)

Name: _____ Age: _____

Date of Birth: _____ Boy or Girl (circle one)

Parent / Guardian: _____

Phone Number: __ (____) _____

Emergency Daytime Phone: __ (____) _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

CAMP PROGRAM FEE

\$225/per skater

1.5 hour session each week

10 weeks total (June 6 - August 15)

For a complete schedule of times and dates:

<http://www.thepettit.com/hockey/camps-clinics-tournaments.htm>

Total Amount Due: \$ _____

PAYMENT METHOD

Pettit Center FIN: 39-1712146

Visa MasterCard

Check (payable to the Pettit National Ice Center)

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Please circle the level(s)
you are registering for

MITE

SQUIRT

PEEWEE

BANTAM

Clinic Info

- Please list any special medications or allergies for campers
- Parents are welcome to view the clinic at any time

Registrations can be dropped off at the Pettit Center's Main Information Window

Mailed to:

**Summer Skills Clinic
Pettit National Ice Center
500 S. 84th Street
Milwaukee, WI 53214**

Faxed to:

414-266-0122

Waiver of Liability (Please read, then sign and date)

I, the parent/guardian of the individual named above, do hereby agree to indemnify and hold harmless the Pettit National Ice Center and its employees, officers, and agents from and against any and all liability resulting from participation in the activities listed above. I understand that the program in which I am enrolling, like all activity and sports programs, has some inherent risk, for which I agree to assume the liability. Furthermore, the individual named herein is in good physical health, appropriate for the activities in which he/she will be participating. I understand that the Pettit National Ice Center does not provide accident insurance. In the event of a medical emergency and I cannot be reached, I authorize The Pettit National Ice Center staff to obtain medical Treatment for my son/daughter/legal ward.

Parent/Guardian Signature: _____ Date: _____

For more information visit **www.thepettit.com** or call **414-266-0100 x 4776**