



**WINNING
EDGE**

**hotSPORTS
networks.com
LIVE**

smart hockey

FUELING A PASSION FOR EXCELLENCE

PROGRAM IS DIRECTED BY: COACH SCOTT ROCK

E – mail: werock@nycap.rr.com

Call 518 376 9108

Schedule: Wednesdays

April 1,8,15,22,29

May 6,13,20,27

June 3,10,17,24

Program Time: 7:00 – 8:20 pm

Xtreme Skate, Puck, Shoot & Small Games

Fee: \$ 275 for all thirteen sessions or \$25 @ the gate.

Walk ups welcome

LOCATION: CLIFTON PARK ARENA

Mail completed registration form to:

Winning Edge, PO BOX 809, Troy NY 12181-0809

Please Make Checks Payable to Scott Rock.

REGISTRATION FORM

Name _____ DOB _____

Age _____

Address _____

Home Phone _____

Referred by _____

E-Mail _____

PARENT'S NAMES AND DAY PHONE NUMBERS

Mother _____ Phone _____

Father _____ Phone _____

Level: (Please Circle) Future All Star Mite Squirt PW BT H.S. Adult Women's Hockey

Shoots: L R Position: LW C RW D G

'08 - '09 Team: _____

Jersey Size " Winning Edge Practice Jersey" Will be purchased separately!

Adult S ___ M ___ L ___ XL ___ XXL ___

Youth S ___ M ___ L ___ XL ___ XXL ___

LIABILITY AND MEDICAL RELEASE

In consideration of your permitting _____ to use the Clifton Park Arena in Clifton Park, for any purpose whatsoever, I hereby covenant and agree with Winning Edge, the owners, officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be as a participant, to indemnify and hold harmless, each and everyone of them from and against all claims, liability, lost cost, damage and expenses which may arise out of, or in connection with, the use by him/her of such facilities, including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I also give consent to administer first aid and emergency transport to nearest medical facility.

Date: _____

Signature: _____

(Parent or Guardian)