

HOCKEY CLINIC FOR CHILDREN AGES 6 TO 12

SHADYSIDE PARK (1645 Shadyside Road, West Chester, PA 19380)

> Wednesday, July 13, 2016 10 am to 11 am

Registration is on a "First Come" Basis (Limit 60 Attendees)

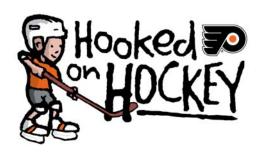
FEE: \$10 per Child

The Philadelphia Flyers are getting children throughout the Delaware Valley hooked on hockey this summer! The Hooked on Hockey program gives children the opportunity to have fun while learning the basics of street hockey from former Flyer Bob "The Hound" Kelly and coaches from the Flyers Community Relations Department.

Each child will learn hockey basics such as stick-handling, passing, and shooting through a series of drills and interactive games.

- 1 hour of hockey instruction from Bob Kelly, as well as Flyers staff featuring current and former college hockey players
- Each participant will walk away from the clinic with a brand new Mylec hockey stick, Flyers activity book, hockey cards, and other giveaway items
- Flyers inflatable interactive game setup
- Pockey trivia session following each clinic, featuring prizes such as hats, t-shirts, pucks, bobbleheads, gym bags, autographed photos, and more.

West Bradford Township Registration Pack must be filled out and payment made at registration. Included in the registration pack are waiver forms for both West Bradford Township and the Philadelphia Flyers organization.



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Fee Payable at Registration: \$10.00 per Child

Print Participants Name a	ind Age:	
(Last)	(First)	(Age)
Print Parent's Name and	Address:	
(Last)	(First)	
(Street Address)		
(City, State, Zip Code)		
Telephone Number Parer	t Can be Reached at:	

Acknowledgement and Release from Liability

PLEASE READ CAREFULLY – THEN SIGN & DATE WHERE SIGNATURE IS REQUIRED:

In consideration of being allowed to participate in activities sponsored by the Township of West Bradford, and in any related events and activities, and intending to be legally bound, the undersigned states as follows:

I acknowledge that the activities at West Bradford parks have inherent risks and hazards of injury, and I hereby knowingly and voluntarily assume all risks and hazards of injury to my and my children's participation in all activities.

I certify that my registered children are in excellent health and may participate in strenuous activities including this activity and that there are no limitations on their participation.

I acknowledge that it is my responsibility to maintain medical insurance coverage for myself and my children, and/or ward, and I grant permission to West Bradford Township for my children, and/or wards, to receive emergency medical treatment if needed.

I hereby waive, release, discharge and agree to indemnify and hold harmless West Bradford Township and its boards, directors, organizers, volunteers, employees, participants, and persons transporting participants to and from activities, from any and all claims of liability of any kind for injury sustained by myself or by my children, or ward, as a result of participation in West Bradford Township activities, including any claim for injury caused or alleged to be caused in whole or in part by negligence of West Bradford Township for any of the persons hereby released.

Family covered by medical insurance? Yes/No (please circle)

I HAVE R	EAD THE	ABOVE WAI	VER AND	RELEASE. I	I UNDERSTAN	ID THAT I HAVE
GIVEN UP	SUBSTAN	NTIAL RIGHT	S BY SIGN	NING IT, A	ND I SIGN IT	VOLUNTARILY.

(Signature)	(Date)

HOOKED ON HOCKEY PUBLICITY RELEASE AND RELEASE OF LIABILITY

I,
I further assume all risk of personal injury and other hazards arising from or relating to my/my child's Participation in the Event and hereby forever release and discharge Comcast-Spectacor of and from all claims and demands of any king or nature whatsoever relating in any way to my/my child's participation in such activity.
I represent that I am a18 years of age or older or that I am the parent or legal guardian of the person whose name appears above and that we shall both be bound hereby.
Signature:
Signed this, 2016.
Signatory Information:
Name:
Street Address:
City, State, Zip Code:
Date of Birth: Daytime Telephone:
Email Address:
Participant Name: