

## Revolution Ice Centre In-House Hockey Development Program March, 2017

Developing basic hockey skills such as skating, shooting, passing as well as gaining team spirit and enjoying the game of hockey.

- Birth years 2003 and younger
- Program includes one practice and one game a week
- All games are Half Ice or Cross Ice Style
- Program Head Coach - Alex Vasko ([alexvasko@yahoo.com](mailto:alexvasko@yahoo.com))
- Program Cost: Players - \$90, Goalies - \$50
- Drop In available at \$15 – player, \$10 goalie
- Siblings discount - \$30.00 off the registration fee

Thu - Practice	6:30pm-7:30pm	3/2/2017	3/9/2017	3/16/2017	3/23/2017	3/30/2017
Sat - Game	12:00pm-1:00pm	3/4/2017			3/25/2017	
Sat – Game	9:45am -10:45am		3/11/2017			

**Please Print**

Student (M  F  ) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Payment type**    Cash    Check (payable to Revolution Ice Centre)

Visa/Master card/AmEx CC # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ SIC: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER:** I agree to waive liability and release any and all claims against PIIR, LLC, owner of Revolution Ice Centre, its officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and responsibility for all losses and damages incurred as a result of my and/or my children’s participation in these activities. I will abide by the Facility’s rules, and agree that the Facility’s staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent/Guardian/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use ONLY:**

Payment Amt: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit card: \_\_\_\_\_ Staff initials: \_\_\_\_\_



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