

# Revolution Ice Centre Pre-Try Out Hockey Skills Training March, 2017

## TRAVEL TEAM EXPERIENCE REQUIRED

- Program Contact and Head Coach - Alex Vasko ([alexvasko@yahoo.com](mailto:alexvasko@yahoo.com))
- Mite Program Cost: Players - \$120, Goalies - \$75
- Bantam / PeeWee / Squirt Program Cost: Players - \$65, Goalies - \$50
- Drop In \$15 – player, \$10 - goalie \*\*\*Siblings discount - \$40.00 off the registration fee

Mite 2009 - 2011						
Tue - Practice	5:30pm-6:30pm		3/7/2017	3/14/2017	3/21/2017	3/28/2017
Thu - Practice	5:30pm-6:30pm	3/2/2017	3/9/2017	3/16/2017	3/23/2017	3/30/2017
Sat – Game 3x3	9:45am-10:40am	3/4/2017			3/25/2017	
Bantam / PeeWee / Squirt						
Tue – Practice	6:45pm-7:45pm		3/7/2017	3/14/2017	3/21/2017	3/28/2017
Sat – Game 3x3	10:50am-11:45am	3/4/2017			3/25/2017	

**PLEASE PRINT**

Mite \_\_\_\_\_ Bantam / PeeWee / Squirt \_\_\_\_\_

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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