



**Fall/Winter Hockey
Tuesday October 26th 2021/2021
8 Week program Time 7:30pm**

VPS Hockey is proud to provide body protection and body contact designed to ease the transition into developing those skills. These clinics will help train your game so that you have the skills and confidence to play to the best of your abilities in tight, physical situations while also reducing the likelihood of injury. We will have three groups and have each group working on how to angle, protect themselves from the players and the boards in a game situation. Offensively and Defensively
Walk-ons are welcome as long as we have availability. The cost will be 60.00 each time by e-transfer only. Please make payment before your child goes on the ice.

About You... Name:		Phone:		Cell:					
Email Address: (please print clearly) #1			#2						
Last level of Hockey									
Clinic Selection... check online calendar for day/time changes*									
Clinic	Date	Rink	Day	Time	Born	Level	#	Cost	
<input type="checkbox"/>	Forward and Defensive Development/Shooting/Puck Control and Body Protection	Oct 26th	4 Pad	Tues	7:30	Group #1. 2007/2008/2009 Group #2. 2010/2011 Group#3. 2012	All levels	8	\$385+HST

Please Select a size for Jersey Youth small Youth Medium Youth Large Youth xl MS MM ML

*FOR QUESTIONS OR INFORMATION PLEASE EMAIL info@velenosihockey.com OR CHECK OUT OUR WEB SITE AT www.velenosihockey.com

Please let us know if your child would like to play as goalie and we will rotate the kids. Goalie equipment will be provided for games

*YOU WILL RECEIVE A SCHEDULE ON START-UP *****If your payment was deposited you are registered

Payment Instructions...	
<ul style="list-style-type: none"> 8 Week Payment.....Please include \$385.00 plus h.s.t. = \$435.05 on registration <p align="center">*we are not responsible for ice cancellations or scheduling changes *no refunds</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MC NAME.....CC #.....EXP..... AMOUNT\$.....</p> <p align="center">*10.00administrative fee will be added to all cc payments</p> <p>We now accept Etransfer Name _____</p> <p>Date etransfer was emailed _____ Please make it to info@velenosihockey.com</p> <p>MAIL TO: Velenosihockey c/o Mohawk 4 Ice Centre 710 Mountain Brow Blvd. Hamilton, Ontario L8T 5A9 or drop off in our "Velenosi Mailbox" next to the sports store at the Quad Pad *please email to let us know if you have dropped off or mailed a registration</p> <p>*Please call the Mohawk 4 Ice Centre at 905-318-5111 for rink updates in case of bad weather or email info@velenosihockey.com</p>	
Consent...	
<p>I give my consent to my child's participation in all activities of the Velenosi power skating skills, hockey development, and resistance training (velenosihockey), and agree that the school and/or its proprietors, staff, directors and any other person or corporation connected herewith from all manner of action, injury, loss, damages, costs, however caused by participation in this program on or off the ice and agrees to release the proprietors, staff, directors and any other person or corporation from all claims or damages which as a result of or by reason by such accidents or loss. This release shall be binding on our heirs, spouses, assigns, executors and administrators. I understand that all participants must wear full CHA approved equipment.</p>	
Parent/Guardian/Signature _____	Date _____