



**Fall/Winter Hockey Challenge
Development Skating with "Games"
Tuesday October 26th 2021/2021
8 Week program
Time 6:30pm**

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"/> Development Games	Oct 26th	4 Pad	Tues	6:30p.m	Hmhip, Tyke, Pre-Novice	All levels	8	\$305+HST

Please Select a size for Jersey Youth small Youth Medium Youth Large

*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...

- 8 Week Payment.....** Please include \$305.00 plus h.s.t. = \$344.65 on registration

*we are not responsible for ice cancellations or scheduling changes ***no refunds**

Visa MC NAME.....CC #.....EXP..... AMOUNT\$.....

***10.00administrative fee will be added to all cc payments**

We now accept Etransfer Name _____

Date etransfer was emailed _____ **Please make it to info@velenosihockey.com**

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

*Please call the Mohawk 4 Ice Centre at 905-318-5111 for rink updates in case of bad weather or email info@velenosihockey.com

Consent..

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 of 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.

Parent/Guardian/Signature _____ Date _____