



Fall/Winter 2021/2022 Clinic

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|--|---|----------------------|--|-------------|-------------------|-------------|------------------------------|----------|------------------------|
| About You... | Name: _____ | Date of Birth: _____ | Phone: _____ | Cell: _____ | | | | | |
| | Email Address: (please print clearly) #1 _____ | | #2 _____ | | | | | | |
| Last level of Hockey <input type="checkbox"/> AAA <input type="checkbox"/> AA <input type="checkbox"/> A/MD <input type="checkbox"/> AE <input type="checkbox"/> SELECT <input type="checkbox"/> HOUSE <input type="checkbox"/> HHIP/TYKE/PRE-NOVICE | | | | | | | | | |
| Last Velenosi Clinic: _____ | | Day of Week: _____ | | Time: _____ | | | | | |
| Clinic Selection... check online calendar for day/time changes* | | | | | | | | | |
| | Clinic | Date | Rink | Day | Time | Born | Level | # | Cost |
| | <input type="checkbox"/> *you will receive a full schedule on 1 st day | | <input type="checkbox"/> *classes and times could be changed depending on enrollment. Current VPS skaters may be moved up or down depending on age, level and evaluation. A payment plan is available. | | | | | | |
| | <input type="checkbox"/> Development, Skating, Resistance, Puck and Stickhandling | Sept 30th | 4 Pad | Thu | 5:30p.m.-6:30p.m. | Ages 5+ | HHIP/Tyke /Pre-Novice/Novice | 11 22 | \$495+HST \$990+HST |
| | <input type="checkbox"/> Development, Skating, Resistance, Puck and Stickhandling | Sept 30th | 4 Pad | Thu | 6:30-7:30 | Ages 9+ | All levels | 11 22 | \$495+HST \$990+HST |

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

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

*SKATERS MAY BE MOVED UP OR DOWN DEPENDING ON AGE/LEVEL AND ENROLLMENT
*** Make-ups will only be made-up as long as there is availability in the Fall/Winter and cannot be carried over * Please email when child will be away**

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| Payment Instructions... | |
| | <ul style="list-style-type: none"> 11 Week Payment Thursday Plan.....Please include \$495.00 plus \$64.35 h.s.t. = \$559.35 on registration by cheque/credit card or \$100.00 on registration, plus (4) post-dated cheques of \$114.83 dated September 15/21, October 15/21, November 15/21, December 1/21. 22 Week Payment Plan...(THURSDAYS ONLY)..Saving of \$110 by booking this plan only on registration. Please include \$990. plus \$128.70 h.s.t. =1018.70 on registration by cheque/credit card. or \$170.00 on registration, plus (6) post-dated cheques of \$159.11 dated September 20/21 October 15/21, November 15/21, December 15/21, January 1/22, February 1/22. <p style="text-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 style="text-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 _____ |