2-DAY CLINIC

APRIL 7-8TH

6:15 - 7:15 PM

Freeport Recreation Center

$125

Limited to 40 Players

Individual Days Based on Availability

- Shooting
- Body Contact
- Battle Drills
- S2S Jersey Included

S2S

Skate 2 Score

@skate_2_Score

SKATE2SCORE

SKATE2SCORE

Checks Payable to Skate 2 Score
Mailing Address:
Skate 2 Score
14 Hampton Way
Merrick, NY 115466

516-384-5787
skate2score@gmail.com
www.skate2score.com

Player Profile Information:

Name: _____

Skill Level: _____ AGE: _____

Jersey Size: _____ Position: _____

Current Team: _____

Address: _____

Phone: _____

Town/Zip: _____

Email: _____

Emergency Contact

Name: _____

Cell Phone: _____

Agreement and Waiver:

I agree and shall provide health insurance to cover personal injury and property damage sustained while participating in Skate 2 Score activities or while on premise of the camp or clinic. In addition, by signing below enrollment agreement and waiver it is understood that ICE HOCKEY IS A HIGH RISK ACTIVITY and give permission for above applicant to be involved in and will assume all risks involved if any incident were to happen during the course of the camp. By signing this form, I have agreed to above set terms and assume all risks and absolve Jacqueline Munzel, Will Bodine and John Cacciatore.

Enrollment Agreement and Waiver (Parent Signature):

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