

# REGISTRATION

## Hockey Skills Clinic

**NOTE: This is not a learn to skate program.**

Clinic Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Years playing hockey: \_\_\_\_\_

**Clinic jerseys available - \$20  
(Circle choice below)**

**WHITE - L, XL**

**BLACK - L, XL**

Clinic Fee: \$ \_\_\_\_\_

Jersey: \$ \_\_\_\_\_

Payment Enclosed: \$ \_\_\_\_\_

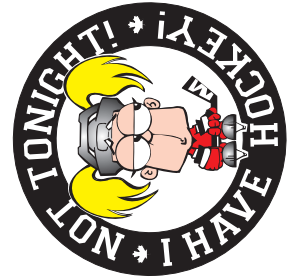
Please complete application  
and mail with your payment to:

Gary Frederick  
32 Beddington Avenue  
Nepean, Ontario  
K2J 3M9

Please make cheque payable  
to Gary Frederick.  
Receipt of your payment  
will secure your spot in the clinic.

If you require more information

please Email: [gary@gdfpro.com](mailto:gary@gdfpro.com)



### Waiver of Liability

I the undersigned hereby irrevocably release Gary Frederick and his assistants from all manner of claims or causes by actions in any way related to personal injury or property damage sustained by myself in the course of participating in the "Hockey Skills Clinic".

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_