



# SIDNER SUMMER HOCKEY SKILLS CLINIC

[www.fremonticearena.com](http://www.fremonticearena.com)

[www.fremontflyers.org](http://www.fremontflyers.org)

<b>DATE</b> May 3-July 26, 2010	<b>REGISTRATION DEADLINE</b> Monday, April 26, 2010
<b>DAY/TIME</b> Monday evenings 6:30-7:30 p.m. 12 weeks (no clinic on Monday, May 31) <i>(Times might change slightly depending on number of registrations)</i>	<b>WHO</b> Open to any player Mites, Squirts, PeeWees, Bantams or Midgets
<b>LOCATION</b> Sidner Ice Arena	<b>COST</b> \$100 for all 12 weeks
<b>PROGRAM DIRECTOR</b> Evan Schinasi	<b>QUESTIONS</b> 753-0200 or <a href="mailto:evan@fremonticearena.com">evan@fremonticearena.com</a>



Is your skater looking to stay active this summer and have fun while doing it? If so, look no further. The Sidner Ice Arena will be offering a once-a-week clinic to help your hockey player stay in shape for hockey over the summer. Players will be divided in groups according to age and skill level and will have 30 minutes of instruction and 30 minutes of cross-ice games.



*YMCA MISSION: God has given us the pathway to life and health through Jesus Christ and the Holy Scriptures. It is the mission of the Fremont Family YMCA to help put these Christian principles into practice through programs that help build healthy spirit, mind and body for all.*

*NO YOUTH DENIED: Any child may belong to the YMCA regardless of income or family situation. If you know of a child who would like to belong, please notify the YMCA staff.*



*(Please return this registration to the Sidner Ice Arena by Monday, April 26, 2010)*

## SIDNER SUMMER HOCKEY SKILLS CLINIC - 2010



Name \_\_\_\_\_  Female  Male

Address \_\_\_\_\_ Team played for \_\_\_\_\_

Phones – Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent's name \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Age Division \_\_\_\_\_

**WAIVER** – I am entering this event at my own risk and assume any and all responsibility for injuries I may incur as a direct result of participating in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: \$100 for 12 weeks

Amount Pd. \_\_\_\_\_ Date Pd. \_\_\_\_\_ Receipt # \_\_\_\_\_ By \_\_\_\_\_