



VOYAGER HOCKEY

"ENJOY THE JOURNEY OF DISCOVERING YOUR POTENTIAL!"

Summer Skills Clinic

\$185 (\$30 Sibling Discount)

5/16-7/26

Aleixo Arena, Taunton

Mites/Squirts 5:30pm Wednesdays

Mites/Squirts 6:30pm Wednesdays

PW/Bantams (Squirt As Accepted) 7:30pm Wednesdays

High School Session 1 (Gr.8-10 08'-10') 7pm Tuesdays

High School Session 2 (Gr.9-PG 04'-07') 8pm Tuesdays

Capped at 36 players for the sessions.

For more information, please contact:

Kris Metea

kristopher.metea@gmail.com

Registration can be done by mail or online at Voyagerhockey.com.

Please fill out the following info and return to Voyager Hockey:

Player Name: _____ D.O.B. ____/____/____ Position: _____

School: _____ Grade: _____

Last Team: _____ Level: _____

Hometown, State, Zip Code: _____

Parent Cell Phone: _____ Parent Email: _____

Insurance Company: _____ Policy Number: _____

Referred by: _____

Check off which Camp Session you would like your son/daughter to participate in:

_____ Mites/Squirts 5:30pm Wednesdays

_____ Mites/Squirts 6:30pm Wednesdays

_____ PW/Bantams (Squirt A Accepted) 7:30pm Wednesdays

_____ High School Session 1 (Gr.8-10 08'-10') 7pm Tuesdays

_____ High School Session 2 (Gr.9-PG 04'-07') 8pm Tuesdays

Mail to: Voyager Hockey

Attn: Kris Metea
450 Somerset Ave #504
Taunton, MA 02780

Make checks payable to Kris Metea (Memo: Voyager Hockey). Venmo can be accepted @KrisMetea.

Online Registration can be done at Voyagerhockey.com

In Case of Emergency we should contact: _____

Cell # _____ Relationship _____

Release Waiver, assumption of risk and indemnification:

Upon entering events sponsored by Voyager Hockey, Kris Metea, Coaches et al., the owners/members of participating rink facilities, I/We agree to abide by the rules and policies of the game of hockey, the arena, and camp/tournament supervision. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis, or death. I/We voluntarily and knowingly recognize, accept, and assume this risk for myself/my child and release Voyager Hockey, Kris Metea, Coaches et al., volunteers, participating rink facilities, its affiliates, owners, their sponsors or organizers from any liability therefore, and any suits, claims, or demands of any kind for personal injuries, property damage that I or my child may sustain while participating in the hockey program and/or other hockey related activities.

I have read and understand the Release of Liability and agree to terms and conditions specified therein:

Name _____ Signature _____ Date _____