



VOYAGER HOCKEY

"ENJOY THE JOURNEY OF DISCOVERING YOUR POTENTIAL!"

2023 Body Checking Clinic

3 Sessions - \$75

For Bantams and 2nd Year Pee Wees.

Work on Body Contact, Angling, Body Positioning, Proper Technique.

Sundays in June & July

7-8pm

Aleixo Arena, Taunton

Capped at 25 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:

_____ Session 1 – June 4, 11, 18

_____ Session 2 – July 9, 16, 23

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 _____