

THE 15TH ANNUAL SKY RINK HOLIDAY HOCKEY MINI-CAMP



DATES

December 21 - 23 & 26 - 30, 2009

THE COACHES

John Stoble, Youth Hockey Director

Dan O'Brien, Head Coach

Paul Myers, Assistant Youth Hockey Director

PROGRAM HIGHLIGHTS

- Intensive on-ice instruction
- Professional instruction with extensive coaching experience
- Specialized goaltending training
- Lunch Provided

DAILY SCHEDULE (Subject to change)

On-ice Session I: 10:00am - 11:50am

Lunch: 12:00pm - 1:00pm

On-ice Session II: 1:30pm - 3:00pm

COST

Please see reverse side for camp tuition.

ENROLLMENT

To enroll, please fill out the application on the reverse side and send, along with payment, to Youth Hockey Department, Sky Rink at Chelsea Piers, Pier 61, NY, NY 10011. Enrollment is limited, so please send in your application today!



If you have any questions, please contact John Stoble, Youth Hockey Director, at 212.336.6100, ext. 6172 or visit www.chelseapiers.com/sr.

2009 HOLIDAY MINI-CAMP APPLICATION

Player's Name _____

Parent/Guardian Email _____

F M Birthdate ___ / ___ / ___ Phone _____

Street Address _____

City/State/Zip _____

Ht. ____ Wt. _____ Position _____ Seasons/# of Yrs _____

Parent 1 Name _____

Home Ph. _____ Cell Ph. _____

Parent 2 Name _____

Home Ph. _____ Cell Ph. _____

Emergency Name & Phone (other than parents)

Physician Name & Phone

Session & Payment Options (please check one)

Monday, Dec. 21 - Wednesday, Dec. 23

\$300, Paid in full by 12/12

\$350, Total due if paid
after 12/12

Saturday, Dec. 26 - Wednesday, Dec. 30

\$500, Paid in full by 12/12

\$300, Deposit by 12/21,
Total \$550 due by 12/26

Dec. 21 - 23 & Dec. 26 - 30 \$700 for all 8 days

Payment Method:

Amex Discover MasterCard

Visa Cash



Credit Card Number _____

Exp. Date _____ Total amount due _____

I authorize Sky Rink to bill the above credit card at payment due date for the amount due for the selected sessions.

Signature _____ Date _____

ANY CANCELLATIONS MUST BE RECEIVED IN WRITING.

Waiver and Release

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Chelsea Piers L.P., its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in any and all Sky Rink at Chelsea Piers programming at any time preceding, during or after program is in session and I hereby discharge Chelsea Piers L.P., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Chelsea Piers L.P. has the right to use all photographs or videos taken of my child during programming for advertising or promotional purposes.

Parent or

Guardian Signature _____ **Date** _____

Please send application with payment to:

Youth Hockey Department • Sky Rink
Chelsea Piers - Pier 61 • New York, NY 10011