AMERICAN HOCKEY SCHOOLS

WHERE THE COMMITMENT BEGINS...

AMERICAN HOCKEY SCHOOLS REGISTRATION FORM
PLEASE COMPLETELY FILL OUT ALL INFORMATION AND MAIL IN

ADDRESS
406 Suburban Drive #186 • Newark, DE 19711
PHONE (302) 593-6756

POWER SKATING DYNAMICS

Have you attended an AHS program before?

_____ No Yes, when? _____

How did you hear about AHS? _____

Sign-Up For:

Program Name: _____ Location: _____
First & Last Name (player): _____
Age: _____ Date of Birth: _____ / _____ / _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone Day: ( ) _____ ext _____
Phone Eve: ( ) _____
Parents Names: _____
Full E-Mail Address : _____

Current Playing Level:

_____

Are you interested in helping to promote our program?

_____ No _____ Yes, please send me _____ (# of brochures to distribute in my area)

Discount Section:
10% Discount (if applicable): _____ Groups of 6-12 _____Family _____Multiple
12% Discount (if applicable): _____ Groups of 13-19
15% Discount (if applicable): _____ Groups of 20 or more
Limit of one discount per player, per program. Discount cannot be combined.

SUMMER SCHOOLS ONLY: (Clinic participants be sure to bring your own jersey)

Free Adult Jersey (Circle Size) **S M L XL XXL G**

... Liability Waiver ...

The participant agrees that American Hockey Services, Inc., Our Instructors and the skating rink will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors and/or skating rink from all claims or damages which may arise as a result of or any reason of such accident or loss.

I agree to the terms, policies and conditions herein and agree to AHS Policies regarding payment, credits and no refund policy.

Signature: (Parent / Guardian of Minor) _____ Date: _____