



# ICE VAULT

## 2019 BANDITS FALL ATOMS AGES 10 & YOUNGER

### 10 SESSIONS

**Sunday Sept. 15<sup>th</sup> – Dec. 15<sup>th</sup>**

**9:45 AM – 10:45 AM**

**\$175.00**

**NO CLINIC ON 9/22, 10/13, 11/10, 12/1**

\*\*Anyone enrolling after the start of the season will pay **\$25.00 PER SESSION** for the remaining sessions\*\*

**Jersey and Awards for each player**

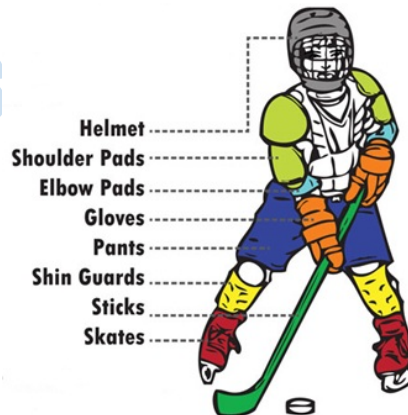
**\*Schedule is subject to change**

**This program is designed for children 10 years old and under, that can skate forward unassisted. Our**

**Mission is to improve the skills of each player in a safe and fun environment.**

**Drills will include basic skating with stopping and turning, stick handling and team play.**

**MUST BE WEARING FULL HOCKEY EQUIPMENT**



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ Position (circle one) GOALIE DEFENSE FORWARD

### PAYMENT POLICY AND INFORMATION

**All players must be USA Hockey registered. To register, please visit [www.USAHockey.com](http://www.USAHockey.com), register online, and provide proof of registration to the Ice Vault. Please note: registration for players born 2013 & younger is free!**

**NO REFUNDS**

Amount Enclosed: \$ \_\_\_\_\_ (make checks payable to the Ice Vault)

**Payment must be paid in full with application. \$35.00 SURCHARGE FOR RETURNED CHECKS**

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type: (circle one) Visa MasterCard American Express Discover

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

**WAIVER:** It is agreed that the Ice Vault shall in no way be responsible or liable for any injury of any kind arising out of or in the course of any operation of the Ice Vault. It is the intention of the Parent to waive and release any and all claims, of any kind what so ever, in law or in equity of his/her enrolled son/daughter, or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of the Ice Vault. I grant the Ice Vault the right to use all photographs or videos taken of my child or me during any Ice Vault programs for advertising and promotional purposes.

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

**VISIT OUR PRO SHOP FOR ALL YOUR HOCKEY NEEDS!!**

**10 NEVINS RD. WAYNE NJ 07470**

**PHONE: 973-628-1500 Fax: 973-628-1555**

**[www.icevault.com](http://www.icevault.com)**