



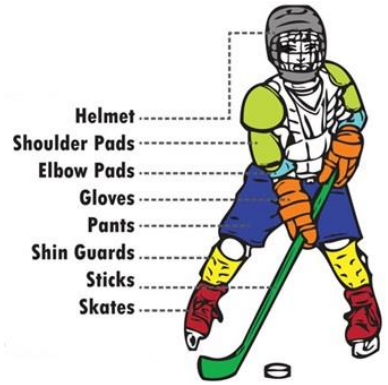
ICE VAULT



2019 WINTER ATOMS AGES 10 & UNDER



10 Sessions
Sunday Jan 6th – March 17th
9:45 AM – 10:45 AM
\$170.00



NO SESSION ON 3/10

Anyone enrolling after the start of the season will pay \$20.00 PER SESSION for the remaining sessions

Jersey and Award 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: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

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

PAYMENT POLICY AND INFORMATION

All players must be USA Hockey registered for the 2018-2019 season. To register, please visit www.USAHockey.com, register online, and provide proof of registration to the Ice Vault. Please note USA Hockey registration for players born 2010 & younger is free!

NO REFUNDS

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

Payment must be paid in full with application. \$25.00 SURCHARGE FOR RETURNED CHECKS

Credit Card # _____ Exp. Date: _____ Code: _____

Type: (circle one) Visa MasterCard American Express Discover

Name on Card _____

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