

## Complete Hockey Omaha 2008 Summer Skills Clinic Registration Form

<b>Player Name:</b>	<b>Birth Date:</b>
<b>Address:</b>	
<b>2007-08 Level:</b>	<b>Cell #:</b>
<b>2008-09 Level:</b>	<b>Home #:</b>
<b>Parents Name(s):</b>	<b>Adult Jersey Size:</b>
<b>Email Address:</b>	

**Camp Dates: June 9<sup>th</sup> 2008 – June 27<sup>th</sup> 2008**  
**Please Select Session below (“x”)**

1. _____ Squirts (24)	Mondays & Wednesday s Tuesdays & Thursday s Fridays (Scrimmage)	<b>On-Ice</b> 11:30 – 1:30 <b>Off-Ice</b> 11:30 – 1:30 <b>On-Ice</b> 11:30 – 12:30	Moylan IcePlex Complete Hockey Omaha Moylan IcePlex
2. _____ Pee Wees (24)	Mondays & Wednesday s Tuesdays & Thursday s Fridays (Scrimmage)	<b>Off-Ice</b> 11:30 – 1:30 <b>On-Ice</b> 11:30 – 1:30 <b>On-Ice</b> 12:45 – 1:45	Complete Hockey Omaha Moylan IcePlex Moylan IcePlex
3. _____ Bantams (24)	Mondays & Wednesday s Tuesdays & Thursday s Fridays (Scrimmage)	<b>On-Ice</b> 2:00 – 4:00 <b>Off-Ice</b> 2:00 – 4:00 <b>On-Ice</b> 2:00 – 3:00	Moylan IcePlex Complete Hockey Omaha Moylan IcePlex
4. _____ Midgets (12) & High School (12)	Mondays & Wednesday s Tuesdays & Thursday s Fridays (Scrimmage)	<b>Off-Ice</b> 2:00 – 4:00 <b>On-Ice</b> 2:00 – 4:00 <b>On-Ice</b> 3:15 – 4:15	Complete Hockey Omaha Moylan IcePlex Moylan IcePlex

\* **Goalies:** Special rate - \$150.00! Call for details.

Space is limited in this camp – only 24 players per group. To reserve your spot, please mail signed registration form, along with a \$250 non-refundable deposit by May 9<sup>th</sup> to:

**Complete Hockey Omaha**  
**P.O. Box 641855**  
**Omaha, NE 68164**

Payments made in full prior to May 9<sup>th</sup> will receive a \$25 discount!

The remaining balance will be due on the first day of camp. A confirmation letter will be sent following receipt of your registration deposit. If you have any questions please visit [www.completehockeyomaha.com](http://www.completehockeyomaha.com) or call 402-884-5533

**Medical Insurance:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Please read carefully:** I agree that Complete Hockey Omaha, L.L.C. will not be held responsible for accidents, injury or loss of personal property, however caused, and agree to release Complete Hockey Omaha, L.L.C. from any claims or damages which may arise as a result of such accident, injury or loss. It is further agreed that all risk while watching and/or participating are assumed by the players and his/her parents and/or guardians and this assumption is acknowledged and approved by my signature below. I have read the foregoing and agree to terms and conditions and certify that I am the player's parent or legal guardian.

**Photographic Release of Liability:** I ACKNOWLEDGE AND CONSENT to the publication and/or display of any photograph(s) taken of me and / or my child by Complete Hockey Omaha for Complete Hockey Omaha publications, brochures, websites, flyers, or articles for outside publication. I understand that by my consent, any photograph(s) in which I or my child appear may be displayed on the Complete Hockey Omaha website or in Complete Hockey Omaha publications, brochures, flyers or articles for outside publications. Also by being so transmitted, they may be susceptible to being copied, otherwise used, and perhaps altered. I ACKNOWLEDGE that Complete Hockey Omaha is not liable to me or my heirs for any misuse or alteration of my or my child's photograph(s) by others.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date