

SIX-WEEK SESSION INCLUDES:

- 15 MINUTES OF STICK AND PUCK HANDLING
- 15 MINUTES OF SKATING DRILLS
- 30 MINUTES OF SCRIMMAGE TIME
- USE OF EQUIPMENT (ELBOWS, GLOVES, HELMET, SHINS, STICK)
- PRACTICE CARD GOOD FOR 6 FREE PUBLIC SESSIONS DURING THE SESSION DATES.

PREREQUISITE:

ALL SKATERS MUST COMPLETE LEVEL 2 OF THE LEARN TO HOCKEY SKATE PROGRAM BEFORE BEING ADMITTED ON THE ICE.

THE LEARN TO SKATE PROGRAM IS SPONSORED BY THE ST. JOSEPH PARKS, RECREATION AND CIVIC FACILITIES DEPARTMENT.

IN THE EVENT THAT THE ST. JOSEPH SCHOOL DISTRICT CANCELS CLASSES DUE TO WINTER WEATHER, THERE WILL NOT BE CLASS THAT EVENING. THE MISSED CLASS WILL BE MADE UP AT THE END OF THE SIX-WEEK SESSION.

\$90.00 FOR THE SIX-WEEK SESSION

**PLEASE CALL:
(816) 271-5506
FOR ADDITIONAL INFORMATION
INFORMATION**

BODE SPORTS COMPLEX LEARN TO PLAY HOCKEY



AUGUST-SEPTEMBER

2019

**BODE SPORTS COMPLEX
2500 SW PARKWAY
ST. JOSEPH, MO 64503**

PROGRAM DATES:

THURSDAY EVENINGS

6:00–7:00PM

AUGUST 8, 15, 22, 29, 2019

SEPTEMBER 5, 12, 2019

**\$90.00 FOR THE SIX-WEEK
SESSION. SKATE RENTAL &
EQUIPMENT
INCLUDED IN PROGRAM FEE.
SKATERS RECEIVES A PUNCH
CARD—GOOD FOR SIX FREE
PUBLIC SESSIONS.**

REGISTRATION FORM

NAME: _____

(PLEASE PRINT NAME FOR CERTIFICATE PURPOSES)

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: (____) _____

AGE: _____ D.O.B. _____

E-MAIL: _____

GENDER: M _____ F _____

PAYMENT METHOD \$90.00 CASH _____ CHECK # _____ CC _____

ACCIDENT WAIVER

I UNDERSTAND THAT ICE SKATING & ACTIVITIES ASSOCIATED WITH THIS FORM OF RECREATION INCLUDES HAZARDS OF FALL, TRIPS & POTENTIAL HAZARDS ASSOCIATED WITH ACTIVITY ARE VIGOROUS AND DIFFICULT . WITH THAT UNDERSTANDING, I HEREBY WAIVE ALL CLAIMS FOR THE DAMAGES & NEGLIGENCE AGAINST THE CITY OF S JOSEPH, BODE SPORTS COMPLEX STAFF, IT'S EMPLOYEES, AGENTS & OR REPRESENTATIVES FROM ANY & ALL LIABILITY FOR ALL INJURIES WHICH I MIGHT SUFFER WHILE PARTICIPATION IN THIS ACTIVITY. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR ANY INJURY WHICH MAY RESULT OTHER THAN ACTS OF NEGLIGENCE COMMITTED BY THE CITY OF ST. JOSEPH, BSC STAFF, IT'S AGENTS, EMPLOYEES & OR REPRESENTATIVES.

PARENT/PLAYER SIGNATURE: _____

DATE: _____

