

HOCKEY CLINIC SERIES

*for house & travel league players
register for your NEXT SEASON league level*

Parent/Child Clinic

ID#	Day	Time
328111A	Saturday	8:45-9:45 am

Mite Stickhandling

ID#	Day	Time
328132A	Saturday	11:05 am-12:05 pm

Squirt & Pee Wee Stickhandling

ID#	Day	Time
328133A	Saturday	12:15 - 1:15 pm

Pee Wee & Bantam Checking/ Defensemen

ID#	Day	Time
328154A	Saturday	9:55 - 10:55 am

Dates: March 24, (no 3/31)
April 7, 14, 21 & 28

Cost: Residents \$117
Non-Residents \$146

GOALIE CLINIC

*for house & travel league players
register for your NEXT SEASON league level*

Mite & Squirt

ID#	Day	Time
328162A	Friday	5:40 - 6:40 pm

Pee Wee & Bantam

ID#	Day	Time
328164A	Friday	6:45 - 7:45 pm

Dates: March 23, (no 3/30)
April 6, 13, 20 & 27

Cost: Residents \$144
Non-Residents \$180



ADULT HOCKEY CLINIC

*Intermediate Level, Ages 16 & up
For Men and Women*

Adult Hockey Clinic

ID#	Day	Time
328119A	Thursday	8:50 - 10:20 pm

Dates: March 22, (no 3/29)
April 5, 12, 19 & 26

Cost: Residents \$169
Non-Residents \$211



3 ON 3 LEAGUE

Dynamite

ID#	Day	Time
328221A	Sunday	Between 1:50-3:40 pm 6-50 minute games

Max: 8 players per team
Limit: 32 players

Mite

ID#	Day	Time
328222A	Sunday	Between 3:15-6:35 pm 6-50 minute games

Squirt

ID#	Day	Time
328223A	Sunday	Between 3:15-6:35 pm 6-50 minute games

Pee Wee/ Bantam

ID#	Day	Time
328224A	Sunday	Between 3:15-6:35 pm 6-50 minute games

Mite/Squirt/Pee Wee/Bantam

Max: 9 players & 1 goalie per division
Limit: 36 players & 4 goalies per division

Dates: March 18, 25
April 15, 22, 29
(no 4/1 & 4/8)
May 6

Cost: (includes jersey)
Resident \$152
Non-Resident \$190

How to Register for Recreation Programs —

Fill out all five parts of this form carefully. Incomplete or inaccurate information will delay your registration. You may use this form for select programs at the ice skating and hockey classes at the Ice Center

1. Fill in information for head of household – please print

Adult Registrant or Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____ E-mail _____

2. Fill in 1st and 2nd choice programs for each participant – please print

Class #:	Program Name	Participants' First & last Name	Sex	Birthdate	Grade	School	Fee
	1st Choice						
	2nd Choice						
	1st Choice						
	2nd Choice						
	1st Choice						
	2nd Choice						
	1st Choice						
	2nd Choice						
	1st Choice						
	2nd Choice						
950000 - A I would like to make a donation to the Glenview Park District Leisureship Fund in the amount of (fill in amount under "Fee"):							
Total Fees – Include fees for first choice classes only. Nonresident fees are 25% higher.							

3. In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program:

4. Complete payment information

Visa Mastercard Discover Cash Check Card holder (print name) _____

Card Number _____ Authorized Signature _____

Expiration Date _____ Amount of Payment _____ Authorization Number _____

(office use only)

5. Sign the Waiver PARTICIPATION WILL BE DENIED if signature of adult participant or parent/guardian and date are not on this waiver.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Glenview Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Glenview Park District"). I do hereby fully release and forever discharge the Glenview Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I understand that photos and videos are periodically taken of people participating in Glenview Park District programs and activities and I agree that any photograph or videotape taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes including its electronic media, videotapes, brochures, flyers and other publications without additional prior notice, permission or compensation to the participant. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims as well as the registration policies. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Participant or Parent (if participant is under 18 years) _____ Date _____



HOCKEY PROGRAMS

2012 SPRING

Look inside for information on

- **SPRING HOCKEY CLINIC SERIES**
- **GOALIE CLINIC**
- **SPRING ADULT HOCKEY CLINIC**
- **3 ON 3 SPRING LEAGUE**



Questions? Ask Sylvain!

sylvain.turcotte@glenviewparks.org or 224-521-2043

Lottery Deadline: 3:30 pm Sunday, February 26

In-person registration begins Tuesday, February 28 at 9am if you miss lottery deadline above

Glenviewicecenter.org