



Check Number _____
 Date of Payment _____

EXPLOSIVEPOWER.NET phone / fax 508 . 792 . 2439 email info@john-dillon.com

CONTACT INFO		
Student's First Name		Student's DOB
Last Name of Parent(s)		First Name(s)
Address		City
State/Zip Code		Email
Home#	Work#	Cell#

ALL PARTICIPANTS MUST WEAR FULL PROTECTIVE EQUIPMENT INCLUDING HELMET

All participants are required to purchase a notebook and write down what they have learned from each session. Then, they should review their notes before the next session or before any practice.

SELECT CLINIC		
<input type="radio"/> Sundays 7:10PM - 8:10PM Int. /Adv. Mini Clinic March 4th, 2018 thru April 8th, 2018 Pee Wees thru High School Westboro, MA - \$194 (See Flyer for exact details)	<input type="radio"/> Sundays 6:00PM - 7:00PM Fund/Int. /Adv. Mini Clinics March 4th, 2018 thru April 8th, 2018 Mites/Squirts/PeeWees/Bantams Westboro, MA - \$194 (See Flyer for exact details)	
<input type="radio"/> Mondays 5:00PM - 5:50PM Fund./Int. Mini Clinics March 5th, 2018 thru April 23rd, 2018 Ages 6 and up Buffone Arena- \$295 (See Flyer for exact details)	<input type="radio"/> Mondays 4:00PM - 5:00PM Int. /Adv. Mini Clinic March 5th, 2018 thru April 23rd, 2018 Squirts thru High School Buffone Arena- \$295 (See Flyer for exact details)	

MAKE CHECKS PAYABLE TO: John Dillon

Checks returned for insufficient funds will be charged an additional \$25.00 fee. Any cancellation of clinic is subject to \$150.00 non-refundable fee and a \$25.00 processing fee. There are no refunds four weeks prior to beginning of clinic.

MAIL TO: John Dillon

**93 Pineland Ave
 Worcester, MA 01604**

Participant and/or participants' parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice skating/ice hockey and understand that said activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from and that I/We have knowledge of said "Risks". These Risks may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below.

It is the purpose of this agreement to exempt, waive and relieve, release and forever discharge releasees from liability for the Risks, personal injury, property damage, and wrongful death caused by negligence, if any, of releasees. "Releasees" include Dillon Skating School, John Dillon, other participants, coaches, helpers, owners and operators of the premises used to conduct event and each of them, their officers, directors, agents and employees. Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice skating/ice hockey and understand these waivers and releases are necessary to allow ice skating/ice hockey to exist in its present form.

Participant's parents further agree to defend and indemnify the releasees for any claims arising from the Participants participation in the activities described herein, and or the Risks. Any cancellation of clinic is subject to \$150.00 non-refundable fee and a \$25.00 processing fee. There are no refunds four weeks prior to beginning of clinic.

SIGNATURE	DATE
PLEASE PRINT (PARENT'S FULL NAME)	