2017 SUMMER ADULT HOCKEY CLINICS
for men and women

June 13-August 13 (8 weeks)
No clinics Tu 7/4, Su 7/30

- Friendship
- Fitness
- Fun

Continue developing the basic skills of hockey, like skating, shooting and passing. Beginning players are welcome.

FULL EQUIPMENT IS REQUIRED
GOALIES SKATE FREE

Registration is going on now. See the reverse side for a registration form or register online at glenviewparks.org.

GIRLS’/WOMEN’S CLINIC
For players of all levels. Helmets and pads are required.

<table>
<thead>
<tr>
<th>ID#</th>
<th>DAY/TIME</th>
<th>DATES</th>
<th>FEE (R/NR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>428118-A</td>
<td>Su • 11:15 am-1:15 pm</td>
<td>6/18-8/13</td>
<td>$190/$238</td>
</tr>
</tbody>
</table>

MEN’S CLINIC
For beginners to intermediate players. Helmets and pads are required.

<table>
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<tr>
<th>ID#</th>
<th>DAY/TIME</th>
<th>DATES</th>
<th>FEE (R/NR)</th>
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</thead>
<tbody>
<tr>
<td>428119-A</td>
<td>Tu • 8:15-9:45 pm</td>
<td>6/13-8/</td>
<td>$165/$206</td>
</tr>
</tbody>
</table>
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. If registering via fax, your 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

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

Player Name ______________________________________ M or F (circle one) | Goalie? Yes No (circle one)
Address __________________________________________ City ___________________ ZIP ___________
Home Phone ______________________ Work/Cell Phone____________________

☐ +KDI#28119-A ☐ %ADGGE =KDI#Y11X1A (check one)
Amount Paid $ __________ Check # __________ (payable to GIC)
Cash Visa Mastercard Discover (circle one)
Credit Card # __________________________ Exp. Date __________
Signature of Cardholder __________________________ Date___________ staff use: __________
Please give us your email address so we can email your receipt: ________________________________