

2009 SUMMER TRAINING CLINICS

Summer Training Clinics

- 25-34 Students
- Once a week
- A great way to start with Karn Skating Dynamics
- Many small group students do an additional day a week in these large groups
- 10 Week Session

1. St. Louis Park Tuesdays	6/16-8/18 HS Boys (Played JV or Varsity)	7:00-8:00AM \$300.00
2. St. Louis Park Tuesdays	6/16-8/18 Squirt Boys+ 10-13 yr. Girls	8:10-9:10AM \$300.00
3. St. Louis Park Tuesdays	6/16-8/18 Mites (6 yrs. +)	9:20-10:20AM \$300.00
4. St. Louis Park Thursdays	6/18-8/20 PW/Bant Boys+ 14-17 yr. Girls	8:10-9:10AM \$300.00
5. St. Louis Park Thursdays	6/18-8/20 Mites (6 yrs. +)	9:20-10:20AM \$300.00
6. St. Louis Park Fridays	6/19-8/21 Squirt Boys + 10-13 yr. Girls	7:00-8:00AM \$300.00
7. St. Louis Park Fridays	6/19-8/21 PW/Bant Boys + 14-17 yr. Girls	8:10-9:10AM \$300.00
8. St. Louis Park Fridays	6/19-8/21 Mites (6 yr. +)	9:20-10:20AM \$300.00

Participants will not be allowed on the ice without all protective equipment recommended by AHAUS.

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Date of Birth _____

Hockey Association _____ Level _____

Clinic Numbers _____ Price _____

PAYMENT IN FULL WITH REGISTRATION

Make checks payable to:

KARN SKATING DYNAMICS

6041 W. 94th Street, Bloomington, MN 55438
(952) 831-2345

In consideration of the acceptance of _____, the applicant agrees that Karn Skating Dynamics Schools and/or coaches will not be held responsible for any accidents or loss of property, however caused, and agree to release the school from any claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks while watching and/or participating in the Karn Skating Dynamics Schools are assumed by the students and his/her parents and/or guardian, and this assumption is acknowledged/approved by their signature hereto.

We have read the foregoing, and have explained its meaning to our child, and agree to the terms and conditions as stated. We, the parents or guardian of the above signed applicant, give our consent to his participation in the Karn Skating Dynamics School.

Parent Signature _____

Insurance Company _____ Policy# _____

Health Problems Yes No
Explain: