

# EAST COAST HOCKEY CLINICS 2017

HAMPTON COMMUNITY CENTRE  
HAMPTON, N.B.

## (GROUP 1)

(Atom ) AGES 8-10

Sat Sept 16th 4:00pm-5:15pm  
Sun Sept 17th 4:00pm-5:15pm  
Sat Sept 23rd 4:00pm-5:15pm  
Sun Sept 24th 4:00pm-5:15pm  
Sat Sept 30th 4:30pm-5:45pm  
Sun Oct 1st 4:00pm-5:15pm

Cost- \$100.00(7.5hrs)

## (GROUP 2)

(PW/BANTAM) AGES 11-14

Mon Sept 11<sup>th</sup> 8:30pm-10:00pm  
Wed Sept 13<sup>th</sup> 8:00pm-9:30pm  
Mon Sept 18<sup>th</sup> 8:00pm-9:30pm  
Wed Sept 20<sup>nd</sup> 8:00pm-9:30pm  
Mon Sept 25<sup>th</sup> 8:00pm-9:30pm  
Wed Sept 27<sup>th</sup> 8:00pm-9:30pm

Cost - \$125.00 (9hrs)

## (GROUP 3)

(MIDGET) AGES 15-17

Tues Sept 12<sup>th</sup> 7:30pm-9:00pm  
Thur Sept 14<sup>th</sup> 9:15pm-10:45pm  
Tues Sept 19<sup>th</sup> 7:30pm-9:00pm  
Thur Sept 21<sup>st</sup> 9:15pm-10:45pm  
Tues Sept 26<sup>h</sup> 7:30pm- 9:00pm  
Thur Sept 28<sup>th</sup> 9:15pm-10:45pm

Cost \$125.00 (9hrs)

## (Group 4)

(MIDGET) AGE 15-17

Tues Sept 12<sup>th</sup> 9:15pm-10:45pm  
Thur Sept 14<sup>th</sup> 7:30pm- 9:00pm  
Tues Sept 19<sup>th</sup> 9:15pm-10:45pm  
Thur Sept 21<sup>st</sup> 7:30pm-9:00pm  
Tues Sept 26<sup>th</sup> 9:15pm-10:45pm  
Thur Sept 28<sup>th</sup> 7:30pm-9:00pm

Cost- \$125.00(9hrs)

## FULL HOCKEY GEAR REQUIRED

FOR MORE INFORMATION CONTACT:

SHAWN CLARKE

4043 ROUTE 710 HATFIELD POINT N.B.

E5T-2V4

TEL: (H) 485-8081 or (C ) 512-1031

E-MAIL – [lynnc@nb.sympatico.ca](mailto:lynnc@nb.sympatico.ca)

CHEQUES PAYABLE TO EAST COAST HOCKEY SEND TO ABOVE ADDRESS  
PAYING CASH PLEASE CONTACT TO SET UP MEETING PLACE

# REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

GROUP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL:(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

(EMERGENCY CONTACT): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WAIVER

**SINCE THERE ARE RISKS WITH EVERY ACTIVITY I, THE UNDERSIGNED AS PARENT/ GUARDIAN OF THE REGISTERED CHILD, UNDERSTAND THE RISKS AND GIVE PERMISSION FOR MY CHILD TO ATTEND AND PARTICIPATE IN THE CLINIC COORDINATED BY EAST COAST HOCKEY.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE NOTE: EAST COAST HOCKEY RESERVES THE RIGHT TO REMOVE A PARTICIPANT OR PARTICIPANTS FROM THE CLINIC WHOM THEY FEEL ARE DISRUPTIVE DURING SESSIONS OR NON-RESPONSIVE TO THE INSTRUCTOR.**