



# Friday Night Power Skating with Tanya Quigley

This is a 6 week camp that is limited to 25 skaters in order to optimize each player's 1 on 1 time with the coaches. All aspects of skating will be worked on, from edges, power turns, crossovers, pivoting, body position, proper stride, etc.

**Fridays**      **RI Sports Center, North Smithfield, RI**

**Birth years 2009-2011    6:05-7:05pm**

**Birth years 2006-2008    7:15-8:10pm**

**Please indicate which session(s) you're registering for:**

- Session 1 (\$179)**      **10/26, 11/2, 11/9, 11/16, 11/30, and 12/21 (6 weeks)**
- Session 2 (\$179)**      **1/4, 1/25, 2/8, 2/22, 3/1, and 3/8 (6 weeks)**
- Both sessions (\$299)**      **Must register and pay for both sessions together**

**Please mail payment and completed registration form to: Providence Hockey Club, P.O. Box 37, Manville, RI 02838**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Release of Liability/Acknowledgement of Risk:**

In conjunction with my son or daughter's participation in events sponsored by the Providence Hockey Club ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date