

M1 & M2 POWER SKATING WITH BRONWYNN PICHETTI

Registration Form

Players name: _____

Level of play next season: _____

Parent or Guardian: _____

Address: _____

Email: _____

Phone: _____

Send completed form, full payment and liability waiver to:

BRONWYNN PICHETTI

595 WEST WABASHA STREET

DULUTH, MN 55803

Questions?

Bronwynn@charter.net

218-590-2972

Behavior policy:

We will have fun but in a productive atmosphere. A player will be given 1 warning for distracting behavior. After the warning, the player will be asked to leave the ice and not return until the next session.

Liability Waiver:

I wish to register my minor child named above and consent to my child's participation in the Bronwynn Pichetti Power Skating Clinic. I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for this Clinic will receive instruction in the basic principles of skating and will spend a significant amount of time practicing and performing skating techniques and I consent to my child's participation in this program. I certify that my child has no medical condition or impairment, including the use of medication, that might inhibit his or her participation.

I, the undersigned, hereby hold Bronwynn Pichetti and the Heritage Sports Center harmless from liability for any and all medical and or accident expenses which my minor child may incur during his or her involvement in this clinic. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all the expenses, noted above, which may incur:

Parent/Guardian Signature:

Print Parent/Guardian Name:
