



**2010 BRICK HOCKEY CLUB
MITE SKILL DEVELOPMENT PROGRAM
FOR ALL PLAYERS 8 & UNDER**

- 5 WEEKS: JULY 2, 9, 16, 23, 30
- FRIDAY NIGHTS 5:30 TO 6:30 PM
- Run by USA Hockey ACE Coordinator and Atlantic District Mite ADM Representative Alex DePalma
 - Station Practice sessions used to assure proper Coach/Player ratio and limited downtime
 - Clinic will follow the new USA Hockey ADM model for mites, geared towards developing young players
 - Sessions will be held at the Ocean Ice Palace
 - \$ 165 for the 5 sessions

Head Coach- Alex DePalma, Recently named the Mite ADM Representative for the Atlantic District. Coach DePalma, along with a staff of veteran coaches, runs our Mite development program at the Brick Hockey Club.

Email Alex DePalma to reserve a spot.
alexdepalma@comcast.net

For those participating, please print and complete the registration on page 2 and bring with you to the 1st session on July 2nd at 5:30pm.



Brick Hockey Club 2010 Summer Mite Development Clinic

Players Name _____

Players Address _____

City _____ State _____ Zip Code _____

Players Birthdate Month _____ Day _____ Year _____

Players Position (circle one) Skater Goalie

Last Years Team? Organization _____ Level _____

Home Phone _____ Email _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

1. Conduct

I hereby understand, agree to abide by and support the current USA Hockey rules of play, personal conduct and terms and conditions for membership. We also agree to abide by all regulations and stipulations as stated in the BHC Bylaws.

2. Risk of Serious Injury

I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, agree to the Waiver of Liability Release and Indemnity Agreement as printed on the back of the the Individual Registration Form, and confirm that the absence of my signature on that form is due only to administrative facilitation of my child's registration..

I give permission for the coach and / or manager of the Brick Hockey Club to secure medical assistance and treatment in case of an emergency while _____ is participating in Brick Hockey Club activities.

I understand and agree to respect all these conditions of participation in USA Hockey programs.

Participant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

(if participant is under 18 years of age)

Make Checks Payable to Brick Hockey Club

Official Use Only

Paid\$ _____ **Date** _____ **Signature** _____

Check# _____ / **CC Type** _____

CC# _____ **Exp Date** _____

