



Bill Belisle Hockey School 2010

Assisted by: Peter Belisle, Head Coach - UMASS Boston Men's Ice Hockey

July 6, 2010 - August 12, 2010

(On Tuesdays, Wednesdays, Thursdays for Six Weeks)

GROUP 1: Ages 9 and under:	9:00 a.m. to 10:30 a.m.
GROUP 2: Ages 10 -11:	10:30 a.m. to 12:00 p.m.
GROUP 3: Ages 12 -13:	12:00 p.m. to 1:30 p.m.
GROUP 4: High School Group:	1:30 p.m. to 3:00 p.m.

Tuition: \$325.00 per student

FIRST COME FIRST SERVE BASIS

REGISTRATION DEADLINE: June 4, 2010

(Paid in full with registration form / **No Refunds**)

(Unbeatable value!...six weeks of hockey for just over \$50.00 / week)

Make checks payable to:	MSC SUMMER HOCKEY
Send check and registration form to:	Mount Saint Charles Arena
	Attn: Bill Belisle
	800 Logee Street
	Woonsocket, RI 02895

For more information call Peter Belisle at 401-996-1972

Please cut here ✂-----

Please type or print neatly. No refunds will be provided once registration form is received.

Name: _____ Phone: () _____ AGE: ____ DOB: __/__/__

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Emergency Contact Phone Number: () _____

Position: (check one) Forward Defense Goalie Group: (check one) 1 2 3 4

Please check the appropriate group based on the student's age (see above). Switching groups is only at the discretion of the instructor.

Assumption of Risk

By agreeing to allow my child to participate in Bill Belisle Hockey School, I hereby waive, release, and hold harmless Mount Saint Charles Academy, Brother Adelard Arena, the instructors, staff, respective agents, officers and representatives from any and all loss, cost, injuries, claims, damages, and cause of action (including but not limited to attorney's fee) that my child at any time suffers arising out of or related to his or her participation in the Bill Belisle Hockey School. In addition, I hereby represent that my child is physically fit enough to participate and assume any risks in this program.

Signature of Parent/Guardian: _____ **Date:** _____

Office use only: Date received: _____ Total enclosed: _____ Check Number: _____ MSC RINK 10