



Off MacArthur Road, Two Miles North of the Malls  
3323 7<sup>th</sup> Street \* Whitehall, PA 18052

**610-434-6899**

[www.lehighvalleyicearena.com](http://www.lehighvalleyicearena.com)

# Vince Malt Hockey Skills Clinic

## Sept. 19 & 26; 6:00-9:10PM

Mites, Squirts and Pee Wee, 6:00-7:40PM

Bantam and Midgets, 7:40-9:10PM

Vince is a former professional hockey player from Philadelphia and former player for the Vancouver Canucks. He is passionate about helping young players develop not only as hockey players but also as strong character and individuals as well. Clinics are direct and efficient. Players will be taught skills on the ice and will be conditioned to make better use of them. The skills and character are very important for the success of any player. With out either on you are missing a beneficial component to your development.

**Please check dates and levels below:**

**Dates:**

- Sept, 19, \$20 per 1.5 Hour Session
- Sept, 26, \$20 per 1.5 Hour Session

**Levels:**

- Mites, Squirts and Pee Wee
- Bantam and Midgets

Participant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Current Group class enrolled in: \_\_\_\_\_

**Payment Options:** Please make checks out to **"The Rink at Lehigh Valley"**

Payment (Please Circle): Cash                      Check                      Visa                      M/C                      Amex

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Parental Consent**

IN CONSIDERATION OF THE PARTICIPANTS AND HIS OR HER PARENT(S) BEING PERMITTED TO REGISTER THE PARTICIPANT IN FOR THE SELECTED JUNIOR CLUB PROGRAM WE DO HEREBY FOREVER RELEASE AND DISCHARGE THE RINK AT LEHIGH VALLEY AND LEHIGH VALLEY RECREATION INC., ITS OFFICERS, AGENTS, EMPLOYEES ANDS ANY PERSON, PARTNERSHIP OR CORPORATION CONNECTED HERE WITH COLLECTIVELY "LV" FROM ALL MANNER OF ACTION, INJURY, DAMAGES, COST, OR RECEIVE BY REASON OF SUCH PARTICIPATION IN CLINIC. THIS RELEASE SHALL BE BINDING ON OUR HEIRS, SUCCESSORS, ASSIGNS, EXECUTORS AND ADMINISTRATORS.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date