



TOP SHELF Hockey Academy



www.the422sportsplex.com ♦ 1400 Industrial Hwy ♦ Pottstown, PA 19464 ♦ 610.323.9600

Learn to Play For All Ages

The Program

This program is designed specifically to introduce those with little or no experience to the game of in-line hockey. Students will be taught the fundamentals of skating, including balance, stride, and edge work as well as basic stick handling, passing and shooting techniques. Come out and learn the game in a fun and relaxed atmosphere!

Payment Information

See website for costs. Please return this form along with full payment to hold a spot for your child in your requested class session. Acceptable forms of payment are check, cash, Visa or MasterCard. The 422 SportsPlex has a "No Refund" policy.

Class Schedules

Please check website for dates and times available. We must have a minimum of 10 children to begin a class.

Class Start Date _____ Day of Week _____ Time requested _____

Player Information

Today's Date _____

Participant Name _____ Male Female Age _____ Birthdate _____

Home Address _____ Home Phone _____

Mom Name _____ Dad Name _____

Mom Emergency Number _____ Dad Emergency Number _____

Mom Work Phone _____ Dad Work Phone _____

Mom Email _____ Dad Email _____

In signing this application, I release The 422 SportsPlex, Top Shelf Hockey Academy & other involved parties from any claims or responsibility for injuries suffered in this class/league. I knowingly assume all risks associated with my child's participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in this class/league. Further, I authorize the site director to request medical treatment as necessary to insure my child's well being.

If under the age of 18, a parent or guardian's signature is required. Please print except for signature.

Athlete Name _____ Signature _____ Date _____

Parent Name _____ Signature _____ Date _____

Health Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone Number _____

Please indicate any medical or special needs that our staff should be aware of. _____

Payment Method Used Cash Check (Check # _____) Charge (circle) MasterCard Visa

Credit Card # _____ Exp _____ Code _____ Amount _____ Initials _____