

**YERXA 2006 SPRING PROSPECTS 4 on 4
DEVELOPMENT LEAGUE REGISTRATION
SEVEN WEEKS APRIL 3 -MAY 20, 2006
ROTHESAY ARENA**

**FOUR TEAM/LEAGUE, TEN
GAMES, 8 HOURS CLINICS**

**Mail To: Yerxa Sports Clinics
77 Bovaird St. Hampton, N.B.
Canada E5N 3A5**

**CHECKS MUST BE MADE PAYABLE
TO YERXA SPORTS CLINICS**

ALL PRICES INCLUDE 15% HST

Please Check the Appropriate Box

315\$ includes a 15\$ deposit on league

Jersey which will be refunded the last game

Novice 6-8 (_____) 315\$

As of Dec 31, 2005
(18 hours ice time)

Atom 9-10 (_____) 315\$

As of Dec 31, 2005
(18 hours ice time)

PLEASE PRINT

Name of Participant:

Parent/Guardian:

Age (as Dec 31, 05): _____

Address:

Postal Code:

Phone: Home: _____

Work: _____

Medicare #:

Email (Please print clearly)

Parent: Skill(s) you want improved:

WAIVER

Since there are inherent risks associated with every activity, I, the undersigned Parent/Guardian of the registered child, hereby give my permission for my child to attend and participate in the Yerxa Hockey Clinic as well as any associated activities. I further hereby undertake to indemnify and hold harmless Yerxa Hockey Clinics from all claims for damage or injury suffered by my child or myself directly or indirectly related to my child's participation in the mentioned or associated activities; unless Yerxa Hockey Clinic can be shown to have been negligent, with the negligence being the proximate cause of the damage or injury.

Parent/Guardian Signature:

Date: _____

SEE WEBSITE FOR SCHEDULE
WWW.YERXAHOCKEYSCHOOL.COM
