

Moe Tarrant's Cutting Edge Hockey

Summer and Pre-Prep Showcase Camp 2012 Registration Form

(For Pre-College Hockey Week please see separate registration form)

Please enroll the undersigned. I understand that Cutting Edge Hockey does not assume responsibility for accidents, loss of equipment, or other expenses incurred as a result of participation in this clinic. I attest that the applicant is in good health and able to participate in the physical activity of a vigorous athletic program. In the event of injury or illness, Cutting Edge Hockey has my permission to provide emergency first aid care.

A \$100.00 deposit is required upon return of this form.

YOUR DEPOSIT OF \$100.00 IS NON REFUNDABLE if you have not canceled in writing 14 days prior to the start of the clinic. Any other payment will be returned on a credit basis, upon cancellation of the clinic.

The following camps will be held at the CPCT-Chelsea Piers of Connecticut, Stamford, CT.

Session 1: August 6-10 4:30 pm - 7:00 pm • **Cutting Edge Classic Camp** • Ages: 13 and under • Cost: \$395

Session 2: August 13-17 4:30 pm - 7:00 pm • **Cutting Edge Concentrated Camp** • Cost: \$495

Session 5: August 27-30 4:30 pm - 7:00 pm • **Cutting Edge Pre-Season Conditioning Camp** • 8 -18 yr. olds • Cost: \$395

The following camp will be held at the Danbury Ice Arena.

Session 3: August 20-23 12:00 pm - 3:00 pm • **Pre-Prep Showcase Camp** • Cost: \$395

You don't need to be attending or considering prep school to attend this camp.

Session Number(s) _____

Attendee's Name _____ Date of Birth ____/____/____

Signature of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Tele. _____ Emergency Tele. #/Contact _____

Email _____

Current Team _____ Current Position _____ Current School _____

Please check one of the payment options.

No Credit Cards Please: () Deposit () Full Payment Amt. Enclosed: \$ _____

Checks payable to: **Cutting Edge Hockey** Mail to: Cutting Edge Hockey, 6 Mayflower Road, Norwalk, CT 06850

Please mail this form with your payment.

Contacts:

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Please make a copy for your records.