



HOCKEY SIGN-UP

NAME: _____ D.O.B. _____

Wt. _____ Ht. _____ Shoots: _____

Parent/Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell #: _____ Emergency Contact: _____

Medical issues/concerns: _____

Team: _____ Level: _____

How did you hear about us?

- Friend/Teammate
- Advertising
- Internet
- Other _____

Package(s)

- \$40 single session
- \$230 – 6 session package
- \$440 – 12 session package
- \$640 – 18 session package

Other

- Team Training – Pricing available upon request

****All training packages can be split between treadmill and off-ice sessions as determined by the individual.**

****In recognition of the possibility of injury associated with training, and in consideration of Styner Sports Training LLC accepting the above named participant for its program and activities, I hereby release, discharge, hold harmless, and/or indemnify Styner Sports Training LLC for and against any and all claims of any nature from my (or if the participant is under the age of 18, from my child's) participation in the sports training program. I certify that I (or my child, if the participant is under the age of 18) have received a physical examination by a physician who has declared that I (or my child) am/is physically able to participate in the sports training program without restrictions.** 24hr RULE: Any cancelations within 24 hours of your scheduled session will result in being charged for that session.**

Parent/Guardian (if under 18) _____ Date: _____

Sign: _____ Date: _____