

HOCKEY SIGN-UP

NAME:	D.O.B
	Shoots:
Parent/Guardian (if under 18):	
Address:	
City:	State: Zip:
Email:	
	rgency Contact:
Medical issues/concerns:	
Team:	Level:
How did you hear about us?	
\square Friend/Teammate \square Advertising	☐ Internet ☐ Other
Package(s)	Other
☐ \$40 single session	☐ Team Training — Pricing available upon request
☐ \$230 – 6 session package	**All training packages can be split
☐ \$440 – 12 session package	between treadmill and off-ice sessions as determined by the individual.
☐ \$640 – 18 session package	determined by the marriada.
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:	Dato