

RICCI HOCKEY 2017 STICKHANDLING CLINICS

JULY 24 - 27, 2017

**FAMILY SPORTS CENTER
6901 S. PEORIA ST. CENTENNIAL, CO
ANGELO RICCI - BUFFALO SABRES SKILLS CONSULTANT
PLUS RICCI HOCKEY STAFF**



SESSION 1 - 4:00PM - 6:00PM 8U Adv - PEEWEE \$225/skaters \$80/goalies
SESSION 2 - 6:15PM - 8:45PM PEEWEE* - MIDGET \$275/skaters \$100/goalies
(*06 NEEDS PRIOR APPROVAL FOR SESSION 2)

**Learn the moves the pros use! Canadian, American, European,
and Russian stick techniques and moves!**

Player's Name: _____ Position: _____
Date of Birth: _____ 2016/2017 Team and Level: _____
Address: _____
City: _____ Zip: _____
Phone 1: _____ Phone 2: _____
Email Address: _____

****Confirmations will be sent by email only****

Full payment or \$150 non-refundable deposit due at registration. Balance due 30 days prior to clinic date.

****Please bring your own WATER BOTTLE and wear FULL HOCKEY GEAR. Jersey will be provided to each player****

SESSION 1 _____ **SESSION 2** _____

Choose method of payment: Visa _____ MasterCard _____ Check _____ Amount _____
Cash _____ Check # _____ CC # _____ EX _____
Cardholder's name _____

Please make all checks payable to: Ricci Hockey
Mail Registration to: 4434 S. Van Gordon Way, Morrison, CO 80465
Fax Registration to: (303) 972-2084
Register online at: www.riccihockey.com

Indemnification and Waiver of Liability: By registering for the above identified program, registrants acknowledge that the activities carried on in the program carry certain risks for the participants. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrant also understands that Stick with the Edge, Angelo Ricci, staff, South Suburban Ice Arena and Family Sports Center do not assume liability for injuries occurring while participants are engaged in activities or when using its facilities. In those programs that require physical activities, while not required unless so stated, the registrant is encouraged to seek approval of their physician prior to commencing the program.

Signature of Parent/Guardian _____
Date _____

FOR QUESTIONS OR MORE INFORMATION PLEASE CONTACT:

KIM FENO **INFO@RICCIHOCKEY.COM** **720-299-8601**
ANGELO RICCI **ANGELO@RICCIHOCKEY.COM** **303-810-7022**

WWW.RICCIHOCKEY.COM