

BRIDGEWATER SPORTS ARENA

HOCKEY CLINICS FOR BEGINNERS & EXPERIENCED

Walk-on any session
for \$25

8
WEEKS
ONLY
\$160!!

Pay just \$20/wk with
the 8 week block

Mondays 8:00pm—9:15pm

Dates: 11/8, 11/15, 11/22, 11/29, 12/6, 12/13, 12/20, 12/27

Our Adult Hockey Clinics are designed to teach the basic aspects of hockey, improve skating and teach the skills that are necessary to advance into an organized hockey league. Skaters must be able to skate forwards, backwards, hockey stop and forward crossovers.

Full Hockey Equipment Required

Ice hockey stick, Helmet with full face mask, Mouth piece, Shoulder pads, Elbow pads, Hockey gloves, Hockey pants, Hockey socks, Shin guards, Athletic supporter and Hockey skates.

Information
732 627 0006 ext 124
Fax 732 627 0973
E-mail: Hockey@BSAarena.com
www.BSAarena.com

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Date Of Birth: _____

E-Mail: _____

**PLEASE SEND COMPLETED
APPLICATION AND PAYMENT IN FULL
TO:**

Bridgewater Sports Arena
Bridgewater, NJ 08807
Attn: Hockey

MAKE CHECKS PAYABLE TO 'BSA'

CREDIT CARD OPTIONS:

Visa ___ MC ___ AmEx ___ Discover ___

Card Number: _____

Expiration Date: _____

Signature of card holder:

X _____

732 627 0006 EXT. 124
FAX# 732 627 0973
Hockey@BSAarena.com

Disclaimer

Name of Participant :

I hereby give my approval for the above named applicant to participate in the Adult Clinic program given at the Bridgewater Sports Arena. I understand that there are many risks inherent in, and incidental to participating in the Adult Clinic Program, and I am willing to Participate in the Adult Clinic. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify, and hold harmless Bridgewater Sports Arena, LP, DJD Amusements, LLC, its partners, officers, employees and staff of any claim arising out of any injury to me. I hereby authorize and request Bridgewater Sports Arena LP, DJD Amusements, LLC, its partners, officers, employees and staff to act on my behalf according to the best judgments of Bridgewater Sports Arena LP, DJD Amusements, LLC, its partners, officers, employees and staff under prevailing circumstances in the event of any injury, or in the event that I am not able to act for myself.

Signature: _____

Emergency Contact: _____

Emergency Phone #: _____

Major Medical Co. _____

Policy #: _____

**BRIDGEWATER SPORTS ARENA
1425 FRONTIER ROAD
BRIDGEWATER, N.J. 08807
HOCKEY DEPT.**

**BSA's HOCKEY
INITIATION PROGRAM
ADULT
HOCKEY
CLINIC**

For Beginner Players

Winter 2010 Session



BRIDGEWATER SPORTS ARENA

Web site: www.BSAarena.com

email: hockey@BSAarena.com

732-627-0006 X 124