



Checking Clinic

This Clinic has been designed for Squirt level players moving into Pee Wee level along with Pee Wee level players looking for additional guidance. The aim of this clinic is to reduce the anxiety that many players feel when first entering a checking level of play. By providing a structured environment where body contact is encouraged we look to instill players with the confidence to give and receive body checks. Special attention will be given to angling, pinning, puck protection, use of stick to steer / take away space and much more.

Players receive 1 hour and 20 minutes of on ice instruction on both Friday March 18, and Monday March 21, 2011.

Group	Friday March 18, 2011	Monday March 21, 2011
1	6:30 – 7:50 pm	5:45 – 7:05 pm
2	8:00 – 9:20 pm	7:15 – 8:35 pm

Fee: \$44 (Maximum 30 skaters per group)

RMU Hockey Academy, March 18 & 21 Checking Clinic

Group 1 Group 2

Name _____ DOB _____

Address _____ City _____ St. _____ Zip _____

Home phone (____) _____ Cell Phone (____) _____

E-mail _____

Please make check payable to RMU-ISC, and mail to:

RMU-ISC * c/o Blaine Buterbaugh * 7600 Grand Avenue * Pittsburgh, Pa. 15225

Robert Morris University Island Sports Center - WAIVER AND RELEASE OF LIABILITY

I, the undersigned, acknowledge the inherent risks involved in any sporting activity, particularly the sporting activity that I intend to participate in at the RMU Island Sports Center. Accordingly, in consideration of being allowed to participate in Skating/Hockey (the "Activity") and intending to be legally bound, I, the undersigned, do hereby, for myself, my heirs, executors and/or administrators agree to the following:

1. I attest that am physically fit for the Activity. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my participation.
2. I agree that prior to participating the Activity, I will inspect the training/competition area and all equipment to be used, and if, through my inspection, I determine that anything related to the Activity is unsafe, I will immediately notify an official of the RMU Island Sports Center of this unsafe condition and will not participate in the Activity until this condition is corrected.
3. **I hereby waive, release, discharge and covenant not to sue, Robert Morris University, RMU Island Sports Center, its affiliates, agents, associates, officers, directors, owners, employees and representatives** (collectively "releasees") from demands, losses or damages, including without limitation, any injury, death, or damage to property that may be suffered by me whether caused or alleged to be caused in whole or in part by releasees or any other party's actions or inactions, or otherwise, and agree to indemnify releasees from any and all third party claims caused in whole or in part by my actions.

I acknowledge that I have read and understood all the above.

I, the undersigned parent or legal guardian, have read the above waiver and release and agree to its terms on behalf of my child and myself. I understand that by signing below I am giving up substantial right on behalf of my child and myself.

Parent or Legal Guardian

Date