

Taunton Hockey Youth Development Series



Come Join Taunton High School Coaches and Players for FREE clinics during the winter season!

Thursday, Dec. 28th 2:30-4pm

Monday, Feb. 19 3-5pm

Aleixo Arena, Taunton, MA

**Clinic is open to all players of Taunton residency K-7th Grade
(Players must have skating/playing experience, this is not a
learn to skate program)**

Capped at 35 players

For more information, please contact:

Head Coach Kris Metea

kmetea@tauntonschoools.org

508-292-6486

Please fill out the following info and return to Coach Metea:

Player Name: _____ D.O.B. ____/____/____ Position: _____

School: _____ Grade: _____

Last Team: _____ Level: _____

Hometown, State, Zip Code: _____

Parent Cell Phone: _____ Parent Email: _____

Insurance Company: _____ Policy Number: _____

Referred by: _____

Check off which Camp Session you would like your son/daughter to participate in (Players can do both):

_____ December Clinic (12/28) FREE

_____ February Clinic (2/19) FREE

Mail to: Taunton High School Hockey
Attn: Kris Metea
Taunton High School
50 Williams Street
Taunton, MA 02780

In Case of Emergency we should contact: _____

Cell # _____ Relationship _____

Release Waiver, assumption of risk and indemnification:

Upon entering events sponsored by Taunton High School, Kris Metea, Coaches et al., the owners/members of participating rink facilities, I/We agree to abide by the rules and policies of the game of hockey, the arena, and camp/tournament supervision. I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis, or death. I/We voluntarily and knowingly recognize, accept, and assume this risk for myself/my child and release Taunton High School, Kris Metea, Coaches et al., THS Face-Off Club, volunteers, participating rink facilities, its affiliates, owners, their sponsors or organizers from any liability therefore, and any suits, claims, or demands of any kind for personal injuries, property damage that I or my child may sustain while participating in the hockey program and/or other hockey related activities.

I have read and understand the Release of Liability and agree to terms and conditions specified therein:

Name _____ Signature _____ Date _____