

**Northern Cyclones Hockey Presents...**



## **Learn to Play Hockey Program**

A professionally instructed program focusing on improving each player's skating, passing, and shooting skills, as well as helping them gain a basic understanding of the game.

**Monday Evenings and Saturday Mornings at Cyclones Arena**

**SESSION 1:**

**September 26<sup>th</sup>-December 19<sup>th</sup>**  
(No class October 8<sup>th</sup>)

**SESSION 2:**

**January 2<sup>nd</sup>-March 19<sup>th</sup>**  
(No class January 14<sup>th</sup>)

### **Little Cyclones Program Information**

- Designed for children with beginner skating skills who want to learn how to play ice hockey in a fun, friendly environment
- All 50-minute Little Cyclones classes are held Mondays at 5:00pm and on Saturdays at 8:00am at Cyclones Arena in Hudson, NH
- \$295 tuition covers one full session of Little Cyclones Learn to Play Hockey classes, which includes two classes per week and a Little Cyclones jersey

*(Please note that beginning skating skills and full equipment are required)*

**For more info, call (603)880-4424!**

# 2011-2012 Little Cyclones Registration

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phones: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Session (Circle One):      Session 1      Session 2

## **\$295.00 tuition fee due with application**

**Please make checks payable to TSD Hockey Group and deliver to Cyclones Arena office or mail to TSD Hockey Group, 20 Constitution Drive, Hudson, NH, 03051.**

**RELEASE AND WAIVER AGREEMENT: I, parent/guardian of the above-mentioned player, give said player permission to participate in the TSD Hockey Group, LLC. "Little Cyclones" Program and use the facilities for the purpose of furthering his/her interest in hockey. I hereby agree with TSD Hockey Group, LLC and its Directors, Instructors, Coaches, Officers, Agents, Employees and any related parties and hold harmless each and everyone of them from and against all claims, liability, loss, cost, damage and expense which may in any way arise out of or in connection with the involvement of my son/daughter during the Program, or in the use of such facilities, including without limitations, all claims, he/she or I may have for personal injury to him/her or to any member of my family so arising. I do hereby further testify as to my son's/daughter's sound health of mind & body. I intend this statement to take effect as a sealed instrument. I, the undersigned, certify I have carefully read and hereby agree to be bound by each one of the provisions set forth here.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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