JOHN DILLON'S
EXPLOSIVE POWER
SKATING & HOCKEY SCHOOL

EXPLOSIVEPOWER.NET phone / fax 508 . 792 . 2439 email info@john-dillon.com

Check Number _____

Date of Payment _____

CONTACT INFO

Student's First Name	Student's DOB	
Last Name of Parent(s)	First Name(s)	
Adress	City	
State/Zip Code	Email	
Home#	Work#	Cell#

ALL PARTICIPANTS MUST WEAR FULL PROTECTIVE EQUIPMENT INCLUDING HELMET

All participants are required to purchase a notebook and write down what they have learned from each session.
Then, they should review their notes before the next session or before any practice.

SELECT CLINIC

◯ **FUNDAMENTAL/INTERMEDIATE** **Ages 6 thru 14**	◯ **INTERMEDIATE/ADVANCED** **Ages 6 thru 14**	◯ **APPLIED SKILLS HOCKEY CLINIC** **Ages 10 thru 18**
MONDAY 6:00pm-6:50pm **May 6th, 2024 thru June 24, 2024** **7 weeks (No clinic May 27th, 2024)**	**MONDAY 5PM - 5:50PM** **May 6th, 2024 thru June 24, 2024** **7 weeks (No clinic May 27th, 2024)**	**SUNDAY 5:00pm-5:50pm** **May 5th, 2024 thru June 30th, 2024** **8 weeks (no clinic May 26th, 2024)**
COST $ 315.00	**COST $ 315.00**	**COST $400.00**
FULL EQUIPMENT REQUIRED.	**FULL EQUIPMENT REQUIRED.**	**FULL EQUIPMENT REQUIRED.**
LOCATION: Worcester Buffone Arena 284 Lake Ave, Worcester, M	LOCATION: Worcester Buffone Arena 284 Lake Ave, Worcester, MA	LOCATION: NESC Marlboro MA

MAKE CHECKS PAYABLE TO: John Dillon
Checks returned for insufficient funds will be charged an additional $25.00 fee.
Any cancellation of clinic is subject to $150.00 non-refundable fee and a $25.00 processing fee.
There are no refunds four weeks prior to beginning of clinic.

MAIL TO: John Dillon
93 Pineland Ave
Worcester, MA 01604

Participant and/or participants' parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice skating/Ice hockey and understand that said activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from and that I/We have knowledge of said "Risks". These Risks may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below.
It is the purpose of this agreement to exempt, waive and relieve, release and forever discharge releasees from liability for the Risks, personal injury, property damage, and wrongful death caused by negligence, if any, of releasees. "Releasees" include Dillon Skating School, John Dillon, other participants, coaches, helpers, owners and operators of the premises used to conduct event and each of them, their officers, directors, agents and employees. Participant and/or participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice skating/ice hockey and understand these waivers and releases are necessary to allow ice skating/ice hockey to exist in its present form. Participant's parents further agree to defend and indemnify the releasees for any claims arising from the Participants participation in the activities described herein, and or the Risks. Any cancellation of clinic is subject to $150.00 non-refundable fee and a $25.00 processing fee. There are no refunds four weeks prior to beginning of clinic.

SIGNATURE	**DATE**
PLEASE PRINT (PARENT'S FULL NAME)	