



# FALL SKILLS CLINIC

**Who:** GROUP 1: MITE – SQUIRT - 8U - 10U

GROUP 2: PW - BANTAM - 12U - 15U

**Where:** IRA Civic Center

**What:** Prepare for the SEASON! Individual Skill Practices and Small Area Games

**When:** September 16,17,21,22,24,28,29 & October 1

**Time:** GROUP 1 6-7pm

GROUP 2 7:10 - 8:10 pm

**Cost:** \$175 (Checks made payable to: RSC)

Due September 1<sup>st</sup> GOALIES ½ PRICE

**\*NO REFUNDS ALL SALES ARE FINAL**

**Area coaches will instruct practices**

**\*\*\*Full Equipment Required\*\*\***

The program outline will consist of Individual Skill Practices followed by small area games. Players will be placed into groups according to skill. Each player will be responsible for his or her own jersey. Players should return their signed waiver and **Registration no later than September 1<sup>st</sup>.**

**MAXIMUM 30 SKATERS AND 4 GOALIES PER GROUP.**

***For more information contact:***

***Roger Mischke Cell 218-851-2906***

***EMAIL – rmisch22@gmail.com***

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Name \_\_\_\_\_ 2020-2021 LEVEL \_\_\_\_\_ Goalie Y N

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

We, the parents of \_\_\_\_\_ (***player's name***) acknowledge that certain injuries can and do occur to those participating in this activity. We, therefore, agree to assume all responsibilities for any injury sustained by our child and to hold blameless the Fall Skills Clinic, and those individuals acting on behalf of the Fall Skills Clinic from any and all actions or claims that may be brought on behalf of our child. We authorize Fall Skills Clinic to obtain any first aid or other medical care that may become necessary for our child. We will follow the Covid-19 policies and procedures set forth by the IRA Civic Center.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send waiver/registration form to:

Roger Mischke

35771 Beier Rd

Grand Rapids, MN 55744

OR DROP OFF

IRA CIVIC CENTER MAIN OFFICE