

YOST ADULT HOCKEY CLINIC

www.umich.edu/yost

Must be 18 years or older
Registration Information
(Please Print- Do Not Abbreviate)

First Name _____

Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email: _____

Emergency Contact's Name _____

Emergency Phone _____

Age _____ Jersey Size: _____

Last Season's Division & Classification _____

- *Summer Session ~ July 17- August 21, 2011 Cost: \$139
*(Sundays 11:30-12:50pm)
- Session 1 ~ September 9 – October 14, 2011 Cost: \$139
- Session 2 ~ October 21– December 2, 2011 Cost: \$139
No Class November 25
- Session 3 ~ January 6 – February 10, 2012 Cost: \$139
- Session 4 ~ February 17 – March 9, 2012 Cost: \$96
(4 sessions)

Total: _____

All classes are held on Friday morning from 7:00am-8:20 am. Sessions 1-3 are 6 classes.

Cost is in U.S. Funds - Enrollment is limited;
Please send (Check or Money Order) payable to:

Yost Ice Arena
1000 S. State St.
Ann Arbor, MI 48109-2201
(734)764-4600

Agreement to Participate

I agree to release Yost Ice Arena, The University of Michigan, The University of Michigan Athletic Department and its employees from all claims, actions, causes of actions, or injury resulting directly from the participation of such persons in the program. I further agree to indemnify and save harmless such parties from all claims, actions, damages or demands, including all costs and expenses incurred in defending any such claim or action. I have read the release and understand this is a full and final release of all claims for injury and damages sustained in the Yost Arena and have read over the agreement and understand the responsibilities I have assumed there under.

Participant's Signature _____ Date