

REGISTRATION FORM

Player: _____

Division: _____ Position: _____

Mite _____ Goaltender

Squirt _____ Defense

Peewee _____ Forward

Bantam _____

DOB: _____

Home Address: _____

Email Address: _____

Parent/Guardian: _____

Phone #: _____

WAIVER FOR PARTICIPATION

Waiver must be read and signed for before registration is accepted.

I assume all risks and hazards incidental to the conduct of the program(s), which I have listed, and to hereby further release and hold harmless the Town of Camillus & Town of Camillus Parks and Recreation staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary or myself/my child when normal permission is unavailable. I certify that I/my child am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Town of Camillus does not provide health insurance coverage.

Signature of Parent/Guardian _____

Date _____

MONDAY NIGHT CLINIC



The West Genesee Wildcats Ice Hockey Staff, in conjunction with the Town of Camillus Parks & Recreation Department offer a unique in-season, supplemental hockey development experience. The Monday Night Clinic provides players an opportunity to develop the fundamental skills of skating, stickhandling, passing, shooting and goaltending.

INSTRUCTIONAL STAFF

Frank Colabufo, Head Coach
Scott McDonald, Assistant Coach
Dan Alfieri, Assistant Coach
Sean Coakley, Assistant Coach
Bob Shattell, Assistant Coach
Eric Burns, Assistant Coach
Sammy Colabufo, Assistant Coach

CANCELLATIONS & REFUNDS

Cancellations and refunds will be handled according to Town of Camillus Parks & Recreation Department policy.

CLINIC SCHEDULE 2018

Oct 1	7:10 PM	Mite/Squirt
Oct 1	8:10 PM	PW/Bantam
Oct 8	7:10 PM	Mite/Squirt
Oct 8	8:10 PM	PW/Bantam
Oct 15	7:10 PM	Mite/Squirt
Oct 15	8:10 PM	PW/Bantam
Oct 22	7:10 PM	Mite/Squirt
Oct 22	8:10 PM	PW/Bantam
Oct 29	7:10 PM	Mite/Squirt
Oct 29	8:10 PM	PW/Bantam

REGISTRATION FEE: \$65

Checks Payable to:
Camillus Parks & Recreation Department

Mail Check & Registration to:
Camillus Parks & Recreation Department
4600 West Genesee Street
Syracuse, New York 13219

In Person to:
Parks & Recreation Office at Shove Park