



**Strong Dynamics
Women's Hockey Clinic at Conway Arena
Thursday, April 17-June 19, 2008
6:50-7:50 PM**

**www.iCoachHockey.com
Joyce Strong (joycestrong@charter.net),
Home: 978-448-8086, Cell: 978-857-9016**

**Make checks payable to Joyce Strong and mail to:
Joyce Strong
Strong Dynamics
238 Longley Road
Groton, MA 01450**

PLEASE PRINT CLEARLY

PARTICIPANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____
ZIP: _____

HOME PHONE: _____ CELL
PHONE: _____

EMERGENCY CONTACT _____ EMERGENCY
PHONE: _____

E-MAIL ADDRESS: _____

LEVEL OF PLAY: A, B, C, D, E, NO EXPERIENCE

NOTE: NEITHER THE CONWAY ARENA, STAFF OR VOLUNTEERS OR JOYCE STRONG ARE RESPONSIBLE FOR ITEMS LOST, STOLEN OR MISPLACED. I agree to participate in the Strong Dynamics program. I do hereby release, absolve, and hold harmless the CONWAY ARENA, its directors, staff, organizers, sponsors, coaches, volunteers, Joyce Strong and anyone connected with the programs. In the case of injury, I hereby waive all claims against the aforementioned persons. I have read and understand all the above information. I will abide by the policies set forth by STRONG DYNAMICS. PAYMENT/REFUND POLICY: Enrollment is based on a first come, first serve basis. Payment in full is due at time of enrollment in the program All payments are non-refundable unless the program is cancelled or authorized by a program director.

SIGNATURE: _____ TODAY'S DATE: _____

OFFICE USE ONLY: AMT. PAID\$ _____ CASH _____ CHECK # _____