



MITE DEVELOPMENT CLINICS



Skater's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell phone _____

Email Address (print clearly) _____

Mother's Name _____ Mother's Phone _____

Father's Name _____ Father's Phone _____

Mite Development

10 weeks for \$100.00

Current In House Program _____ Team Name _____

MC VISA AMEX

Credit Card _____

Expiration date _____

Policies and Procedures

Skaters assume all risk and danger incidental to ice skating in general, and the game of hockey in particular. These risks and dangers include, but are not limited to, the danger of being injured by pucks, hockey sticks and other players. The skater also agrees that the Aerodrome Ice Skating Complex, Sugar Land Ice & Sports, Houston Wild and Houston Hurricanes are not responsible for loss of or damage to any personal property.

Full equipment is required for clinics. **NO EXCEPTIONS.**

Registration forms and payments can be made in the Pro Shop at the Aerodrome Ice Skating Complex or Sugar Land Ice & Sports or online at www.aerodromes.com

*Players must be registered members of USA Hockey.

I have read and understand the above terms and conditions and I agree to abide by them.

Parent's Signature: _____ Date: _____