



**Sanitate's Power Skate
Registration Form**
The Puck Stops Here
To Register, Call 810-444-3859

All applications must be accompanied by payment in full. Refunds will not be issued (exceptions to be determined by Suzy Sanitate - refunds granted are subject to a \$20 processing fee).

Print Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

E-Mail Address: _____

Name & level of last team: _____

Player's age: _____ Number of years hockey experience: _____

How did you hear about the program?

_____ Friend/Relative _____ Advertisement _____ Program Brochure

_____ Website _____ Other _____

Clinic name: _____

Date of clinic: _____

Location of clinic: _____

Amount enclosed: _____

Print/fill out registration form, make checks payable to Suzy Sanitate Mail to:

**Suzy Sanitate
5550 Crystal Creek Lane
Washington Township, MI 48094**

Parental consent: I/We the parent(s) of the above mentioned applicant(s) hereby authorize, approve, and agree to the attendance and participation of the applicant(s) at the Sanitate Power Skate school offered at Troy Sports Center, Fraser, Rochester Hills, St. Clair Shores. I/We further authorize the instructors to act for me/us in any emergency requiring medical attention or treatment of the applicant(s). I/We further agree to release, exonerate, and discharge the instructors and Suzy Sanitate from any and all liability or claims for any and all injuries incurred or for any other losses by the applicant(s) while attending or participating in the clinic.

Parent(s)/guardians) Signature: _____

Relationship: _____ Date: _____

Class size is limited so please mail your registration form today.

Thank you, we look forward to working with your player(s).