

# EM ICE

PRESENTS...



## THE ANNUAL "GET LEGS" YOUTH STRENGTH AND CONDITIONING CLINIC

**JULY 21, 26, & 28 2009**

FOR ONLY \$199.00 YOU WILL ENHANCE SPEED, AGILITY, AND  
CONDITIONING JUST IN TIME FOR THE NORCAL TRYOUT WEEKEND!

<u>Date</u>	<u>On-Ice</u>	<u>Off-Ice</u>
July 21	6:30- 7:45p	8:00 – 9:00p
July 26	9:30-11:00a	11:15 -12:30p
July 28	6:30- 7:45p	8:00 – 9:00p

Contact Emery Lykins: 510-593-5393 [emery@em-ice.com](mailto:emery@em-ice.com) or Darisa Watson: 925-998-3929 [darisa@em-ice.com](mailto:darisa@em-ice.com) with questions.  
Also visit our website for more information on this and upcoming clinics [www.em-ice.com](http://www.em-ice.com) (visit website for locations)

### **Registration Form and Fee Due: July 11, 2009**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Credit Card:  VISA  MasterCard  AMEX Exp Date: \_\_\_\_ / \_\_\_\_

Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CRC# (3-digit security code on back of card or 4-digit on front of AMEX): \_\_\_\_\_

Address associated with card if different from above: \_\_\_\_\_

or...**Mail checks payable to: EM ICE and mail to: P.O. Box 23666, Pleasant Hill, CA 94523**

By signing this entry, the team contact on behalf of his/her team or an individual player and/or dependent or a parent representing a player releases the executives, organizing officials and volunteers of EM ICE from all liability, in any injury or accident which may be incurred by a player, team official or spectator while participating in or traveling to or from the Clinic. Players and their families/parents fully understand they will not receive a refund if the player withdraws from the clinic for any reason including injury.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_