Rousseau's Hockey Clinic
Fall 2026
Adult "Game Skills" Clinics

A Family Business
Teaching Hockey
Players Since 1986

Save this application to your PC desktop, complete and save it.
Forward your completed application with $150.00 deposit
by email to **rousseau@roadrunner.com**
or by mail to Rousseau's Hockey Clinic 8 Danbury Drive Auburn, Maine 04210

☐ **Adult Men's Game Skills Clinic - $365** **Family Ice Center, Falmouth**
Tuesday evenings at 7:20 beginning 9/8, skating for seven consecutive Tuesday's through 10/20.

☐ **Adult Women's Game Skills Clinic - $365** Family Ice Center, Falmouth
Wednesday evenings at 7:20 beginning 9/9, skating for seven consecutive Wednesday's through 10/21.

Note: Goalies Skate for a reduced tuition of $270

Name_____

Address _____

City _____ State ___ Zip _____

Birth Date (mm/dd/yyyy) _____

Phone _____

E-Mail _____

Shoots ◯ Right ◯ Left

Position ◯ Goalie* ◯ Forward ◯ Defense

Jersey Size ◯ Adult Med ◯ Adult Large ◯ Adult XL. ◯ Adult XXL ◯ Adult Goalie

Method of Payment

◯ Check ◯ Visa ◯ Mastercard ◯ Discover

Amount $_____

Card Holder Name_____

Billing Addr_____

Billing City_____ Billing Zip_____

Card Number_____

Exp. Date (mm/yy)_____ CVV2 _____

(payments are non-refundable after 7/15/26)

In consideration of Rousseau's Hockey Clinic, Inc., its employees, agents, representatives, helpers, sub-contractors and employees (hereinafter "staff"), undertaking to instruct the applicant at a hockey clinic held at the Family Ice Center in the Fall of 2026. I agree to assume the risks associated with said hockey clinic and hereby release and forever discharge, and agree to defend, indemnify and hold harmless Rousseau's Hockey Clinic, Inc and its staff and the Family Ice Center and their employees, agents, and representatives from any liability, claims, demands, damages, causes of actions or suits of any kind or nature for injuries or damages both to person and property, that may occur as a result of my participation in said hockey clinic, including, but not limited to those arising from all acts of negligence or negligent conduct of Rousseau's Hockey Clinic, Inc. its staff and the Family Ice Center and their staff as set forth herein. I acknowledge and agree that Rousseau's Hockey Clinic, Inc. and its staff and the Family Ice Center and their staff accept no responsibility for or on account of any injury or damage, both to person or property, arising out of all acts of negligence or negligent conduct by Rousseau's Hockey Clinic, Inc. and its staff and the Family Ice Center and their staff or otherwise. I acknowledge that this release is intended to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Date:_____