Rousseau's Hockey Clinic
Summer 2026 Youth Clinics

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

Family Ice Center, Falmouth

☐ **Junior division (ages 5 to 8) - $385** Tuesday evenings, 6:10 PM, 7/7 to 8/18

☐ **Minor division (ages 9 to 11) - $385** Thursday evenings, 6:10 PM, 7/9 to 8/20

☐ **Major division (ages 12 to 15) - $385** Wednesday evenings, 6:10 PM, 7/8 to 8/19

Norway Savings Bank Arena, Auburn

☐ **Junior division (ages 5 to 8) - $385** Thursday evenings, 6:10 PM, 7/9 to 8/20

☐ **Minor division (ages 9 to 11) - $385** Tuesday evenings, 6:10 PM, 7/7 to 8/18

Note: Goalies Skate for a reduced tuition of $270

Name_____

Address_____

City _____ State_____ Zip_____

Birth Date (mm/dd/yyyy)_____

Phone_____

E-Mail_____

Current Hockey Org._____

Shoots ○ Right ○ Left

Position ○ Goalie* ○ Forward ○ Defense

Jersey Size ○ Youth Med/Lg ○ Youth XL ○ Adult Small ○ Adult Medium ○ Adult Large ○ Adult XL

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 5/15/26)

I hereby give permission for my child (named above) to participate in the hockey clinic(s) offered by Rousseau's Hockey Clinic, Inc. in the Summer of 2026. 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(s) held at the Norway Savings Bank Arena and the Family Ice Center (hereinafter "facilities"), my child (named above) and I agree to assume the risks associated with said hockey clinic(s) and hereby release and forever discharge, and agree to defend, indemnify and hold harmless Rousseau's Hockey Clinic, Inc and its staff and the facilities 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 child's (named above) participation in said hockey clinic(s), 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 facilities and their staff as set forth herein. My child and I acknowledge and agree that Rousseau's Hockey Clinic, Inc. and its staff and the facilities and their staff accept no responsibility for or on account of any injury or damage, both to person or property, to my child arising out of all acts of negligence or negligent conduct by Rousseau's Hockey Clinic, Inc. and its staff and the facilities and their staff or otherwise. My child and I acknowledge that this release is intended to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of Legal Guardian:_____ Date:_____