

Green Mountain Avalanche  
44 Baldwin Avenue  
South Burlington, VT 05403

**A** GREEN MOUNTAIN  
**AVALANCHE**  
E I G H T H A N N U A L  
**HIGH SCHOOL**  
**HOCKEY**  
**PRE-SEASON CLINIC**

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**LEDDY PARK ARENA**  
**BURLINGTON, VERMONT**

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**NOVEMBER 3-14, 2008**  
**BOYS AND GIRLS SESSIONS**



**WWW.GMAHOCKEY.NET**

**THE GREEN MOUNTAIN AVALANCHE HIGH SCHOOL CLINIC WAS CREATED TO HELP PLAYERS WISHING TO PLAY HIGH SCHOOL HOCKEY THIS UPCOMING SEASON TO HAVE TWO WEEKS OF ICE TRAINING BEFORE THEIR TRY-OUTS BEGIN.**

GMA COORDINATOR

**Bob Leonard**

GMA COACHES

**Chad Dion, BHS**

**Sean Jones, SBHS**

**Bruce Garrapy, MMU**

**Mick Toof, BHS**

**Tom Rocheleau, CHS**

(More coaches to be added at a later date)

DATES & TIMES

**November 3-7**

**3:30-4:30pm (GIRLS)**

**4:40-5:40pm (BOYS)**

**November 10-14**

**3:30-4:30pm (BOYS)**

**4:40-5:40pm (GIRLS)**

LOCATION

**Leddy Park Arena, Burlington**

FOR MORE INFORMATION PLEASE CONTACT

BOB LEONARD AT (802) 658-9549

OR FAX (802) 864-3235

**GREEN MOUNTAIN AVALANCHE HIGH SCHOOL HOCKEY CLINIC REGISTRATION FORM**

This form must be completed and returned with the \$199 fee no later than October 15, 2008. After October 15 the fee is \$219. Registration is on a first-come, first-serve basis. PLEASE RETURN TO: Green Mountain Avalanche, 44 Baldwin Avenue, South Burlington, VT 05403.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Team \_\_\_\_\_

Position \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone # \_\_\_\_\_

Payment  Check (payable to GMA)  Visa  MC Amount \$ \_\_\_\_\_

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

Exp Date \_\_\_\_\_

**RELEASE:** I, undersigned, understand that the Green Mountain Avalanche, Inc. does not provide medical insurance covering injuries of any nature during its events. I enroll my child/myself in the Green Mountain Avalanche, Inc. fully aware that hockey is a contact sport and that because of its nature, inherent risks (including serious injury and death) are involved. I voluntarily recognize, accept and assume full responsibility for any injuries, whether medical or dental, that may occur in the course of the league or clinics. I release the Green Mountain Avalanche, Inc. and any personal associated with it from any liability, and waive any claims against the same. I attest that the applicant is in good health and capable of participating in a rigorous athletic program. In the event of injury, I give permission for those in charge to seek medical attention.

\_\_\_\_\_  
**Signature of parent or guardian,  
if player is under 18 or signature  
of player, if player is 18 or older.**

\_\_\_\_\_  
**Date**