

Off-Ice Flex-Pass:

The Off-Ice Flex-Pass allows players to develop all the necessary hockey skills in our state-of-the-art training center. Players will improve their skills and gain confidence with their skating quickness, stick handling, shooting, and hockey vision. These sessions are extremely beneficial for players to keep their skills sharp and keep them challenged as the next hockey season approaches. Our dedicated training staff will work with each player to build skills, confidence and passion for the game.

Players may use their HDC Performance Tracking cards during these sessions to automatically have their performance and training data updated each time they attend. The HDC Performance Tracking cards are available for purchase at the front desk.

Skating Treadmill Pass:

The Hockey Development Center is excited to announce our new Skating Treadmill program. Our program will allow players the unique opportunity to develop and strengthen their skating skills using our skating treadmill. With the Endless Ice treadmill, players ranging from beginners to advanced levels will develop proper skating stride to maximize their potential.

Sessions will be 45 minutes in length and are limited to five participants per session.

Flex Pass and Treadmill Schedules:

Please check our Web site for our current Flex Pass or Treadmill schedules

BUILDING HEART, DRIVE & CONFIDENCESM

20775 Holt Avenue - Lakeville, MN 55044

BUILDING HEART, DRIVE & CONFIDENCESM



COMBO PASS

Treadmill & Flex Pass Combo

Off-Ice Flex Pass Features:

- Access to off-ice training center
- Quick Hands, Quick Feet
- Vision Improvement
- Puck Control
- First-Step Skating Quickness
- Build Confidence

Skating Treadmill Pass Features:

- Improves skating and stride mechanics
- Increases power and speed
- Increases coordination and balance
- Lengthens skating stride
- Quickly develops solid skating foundation



www.hdc-totalhockey.com

**MAIL OR FAX COMPLETED FORM AND
SEND PAYMENT BY CHECK TO:**

Hockey Development Center
P.O. Box 1042
Lakeville, MN 55044
Email: register@hdc-totalhockey.com
Fax: 952-469-1521
Phone: 952-469-2218

You can also register and pay on-line at:

WWW.HDC-TOTALHOCKEY.COM

COMBO PASS REGISTRATION FORM

NAME: _____ **BIRTH YEAR:** _____
ADDRESS: _____ **CITY, STATE, ZIP:** _____
PARENT/GUARDIAN NAME: _____ **08/09 TEAM/PLAYING LEVEL:** _____
PHONE NUMBER: _____ **EMAIL:** _____
EMERGENCY CONTACT & PHONE: _____
INSURANCE (provider, policy, phone): _____

SELECT TYPE:

Combo Pass (Flex Pass/Treadmill Pass)

_____ **Unlimited 6-month Pass \$900 (\$400 charged for first month, \$100/month after)**

_____ **Unlimited Annual Pass \$1,500 (\$400 charged for first month, \$100/month after)**

*****Players must call
(952)-469-2218 at least 48
hours before training
session start time to
reserve a position*****

WAIVER AND RELEASE OF LIABILITY

In consideration of The Hockey Development Center, L.L.C. (the "Company") furnishing services and/or equipment to enable me to participate in programs and activities of the Company, I agree as follows:

I fully understand and acknowledge that (a) risks and dangers exist in my use of hockey equipment and my participation of hockey activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness, including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the Company, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of the equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of the Company or by any other person.

I willingly agree to comply with the stated and customary terms and conditions for participation in programs and activities of the Company. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Company official immediately.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Company and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of my use of hockey equipment or my participation of hockey activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of the Company.

In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Company. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the state where the Company is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELEASE THE HOCKEY DEVELOPMENT CENTER, L.L.C. FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant Name: _____ **Age:** _____ **Date:** _____

If 18 or over, signature of player: _____

Printed name and signature of Parent/Guardian if Participant is less than 18 years of age: _____