



**Sanitate's Power Skate  
Registration Form**  
*The Puck Stops Here*  
**To Register, Call 810-444-3859**

All applications must be accompanied by payment in full. Refunds will not be issued (exceptions to be determined by Suzy Sanitate - refunds granted are subject to a \$20 processing fee).

Print Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name & level of last team: \_\_\_\_\_

\_\_\_\_\_

Player's age: \_\_\_\_\_ Number of years hockey experience: \_\_\_\_\_

How did you hear about the program?

\_\_\_\_\_ Friend/Relative \_\_\_\_\_ Advertisement \_\_\_\_\_ Program Brochure

\_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

Clinic name: \_\_\_\_\_

Date of clinic: \_\_\_\_\_

Location of clinic: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

**Print/fill out registration form, make checks payable to Suzy Sanitate Mail to:**

**Suzy Sanitate  
5550 Crystal Creek Lane  
Washington Township, MI 48094**

Parental consent: I/We the parent(s) of the above mentioned applicant(s) hereby authorize, approve, and agree to the attendance and participation of the applicant(s) at the Sanitate Power Skate school offered at Troy Sports Center, Farmington Hills, Ann Arbor, Compuware-Plymouth, St. Clair Shores, and Flint Ice Arenas. I/We further authorize the instructors to act for me/us in any emergency requiring medical attention or treatment of the applicant(s). I/We further agree to release, exonerate, and discharge the instructors and Suzy Sanitate from any and all liability or claims for any and all injuries incurred or for any other losses by the applicant(s) while attending or participating in the clinic.

Parent(s)/guardians) Signature: \_\_\_\_\_

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

**Class size is limited so please mail your registration form today.**

Thank you, we look forward to working with your player(s).