

Youth Handball

**East
Saturdays
JANUARY 16–APRIL 17, 2010**

Name: _____ Check if you are a member of The Alaska Club.
Address: _____
City: _____ State: _____ Zip: _____
School _____ Playing level: Beginner Intermediate Advanced
 Ages 8–13 Ages 14–18
Telephone (day): _____ (evening): _____ E-mail: _____
Member #: _____
Emergency Contact Name: _____ Phone: _____

Entry form must be signed by participant's parent or legal guardian in order for this application to be accepted.
Please fill out the following information.

NON-MEMBER WAIVER AND RELEASE OF CLAIMS

I expressly agree that use of the Club's facilities and any transportation provided by the Club shall be undertaken by myself and my minor dependents, if any, at our sole risk. In consideration for being permitted (1) use of the Club's facilities or (2) participation in activities and programs sponsored by the Club, I, for myself and on behalf of my heirs, successors and assigns, as well as on behalf of my minor dependents who utilize the Club's facilities or participate in activities or programs sponsored by the Club, do hereby forever release and discharge the Club, its owners, officers, employees, agents, assigns and successors from all claims, demands, causes of actions, lawsuits and liability for any death, injury or damages of any nature whatsoever incurred while using the Club's facilities or equipment, or while participating in any Club sponsored activity, or while utilizing any transportation provided by the Club, including without any limitation, those injuries, deaths or damages resulting from acts of active or passive negligence on the part of the Club, its officers, agents or employees. Further, in consideration for being permitted (1) use of the Club's facilities or (2) participation in activities and programs sponsored by the Club, I release and discharge the Club from any claim for personal property damaged, lost or stolen in or about the Club, or in lockers, or for loss or damages to any property including but not limited to automobiles and the contents thereof while on the Club's premises.

CAUTION – READ BEFORE SIGNING

Signature: _____ **Date:** _____
(Required by all players. Parent or Guardian must sign if under 18)

Members: \$50
Nonmembers: \$60

Cash Check# _____ Member Charge # _____

All faxed entries must have complete credit card information or member number.

Visa/MC#: _____ Expiration Date: _____

Cardholder Name (please print): _____

Signature: _____

Total \$ Owed: _____ Total Paid: _____

Fax this form to (907) 561-2946 or register at The Alaska Club East or Midtown.

Register Code: RB003 *Please staple receipt to back of entry form*



THE ALASKA CLUB
www.thealaskaclub.com



East Saturdays

January 16–April 17, 2010

Ages 8–13, 1–2:30pm

Ages 14–18, 2:30–4pm

\$50 members per session

\$60 nonmembers per session

The class size is limited to 16.

Instructor: Chris Kilday

U.S. Handball Association Certified Coach

35 years of handball playing experience

Current Masters Champion(40+)

Lesson Topics:

- Eye/Hand Coordination
- Drills and Proper Stroke Techniques
- Overhand, Sidearm and Underhand
- Cooperative and Competitive Play
- Rules, Conduct and Sportsmanship

Women's Handball Clinic Series

Instructor:

Chris Kilday

The Alaska Club East

Mondays 6:30–8:30pm

Series 1:

January 11–February 22, 2010

Series 2:

March 1–April 12, 2010

\$10 per individual session

\$55 for each full series (\$15 discount)

**For more information contact Ed Wicher at
562-2460 ext. 117 or ewicher@thealaskaclub.com.**



THE ALASKA CLUB

Clinic Information

INSTRUCTOR Chris Kilday
U.S. Handball Association Certified
Coach
35 years of handball playing
experience
Current Masters Champion (40+)

WHEN Mondays

DATES
Series 1: January 11–February 22, 2010
Series 2: March 1–April 12, 2010

PLACE THE ALASKA CLUB East
5201 East Tudor Road
Anchorage, AK 99507

PHONE (907) 337-9550

TIME 6:30—8:30pm

Sign up at The Alaska Club East front desk.
Class sizes are limited.



Women's Handball Clinic Series

Name: _____ Check if you are a member of The Alaska Club.

Address: _____

City: _____ State: _____ Zip: _____

Playing level: Beginner Intermediate Advanced

Telephone (day): _____ (evening): _____ E-mail: _____

Member #: _____

Emergency Contact Name: _____ Phone: _____

NON-MEMBER WAIVER AND RELEASE OF CLAIMS

I expressly agree that use of the Club's facilities and any transportation provided by the Club shall be undertaken by myself and my minor dependents, if any, at our sole risk. In consideration for being permitted (1) use of the Club's facilities or (2) participation in activities and programs sponsored by the Club, I, for myself and on behalf of my heirs, successors and assigns, as well as on behalf of my minor dependents who utilize the Club's facilities or participate in activities or programs sponsored by the Club, do hereby forever release and discharge the Club, its owners, officers, employees, agents, assigns and successors from all claims, demands, causes of actions, lawsuits and liability for any death, injury or damages of any nature whatsoever incurred while using the Club's facilities or equipment, or while participating in any Club sponsored activity, or while utilizing any transportation provided by the Club, including without any limitation, those injuries, deaths or damages resulting from acts of active or passive negligence on the part of the Club, its officers, agents or employees. Further, in consideration for being permitted (1) use of the Club's facilities or (2) participation in activities and programs sponsored by the Club, I release and discharge the Club from any claim for personal property damaged, lost or stolen in or about the Club, or in lockers, or for loss or damages to any property including but not limited to automobiles and the contents thereof while on the Club's premises.

CAUTION – READ BEFORE SIGNING

Signature: _____ Date: _____
(Required by all players. Parent or Guardian must sign if under 18)

Save \$15!

Members: 1 individual session- \$10 Series 1, full series- \$55 Series 2, full series- \$55

Cash Check# _____ Member Charge # _____

All faxed entries must have complete credit card information or member number.

Visa/MC# _____ Expiration Date: _____

Cardholder Name (please print) _____

Signature: _____

Total \$ Owed: _____ Total Paid: _____

Fax this form to (907) 561-2946 or register at The Alaska Club East or Midtown.

Register Code: RB001 *Please staple receipt to back of entry form*



THE ALASKA CLUB