



# Rink Rats

## At Sonnesyn Elementary



### Rink Rats Class at Sonnesyn

The Rink Rats program is funded by the Herb Brooks Foundation where children will learn the fundamentals for floor hockey and ice skating.

In this class, children will also be taught skills such as teamwork, conflict resolution and leadership. Rink Rats provides a supportive environment where participants learn the basics of hockey through a progressive teaching method. Children gain self-confidence and feel empowered through learning new skills and finding their place in a group setting. Register for dryland training during the fall to learn the fundamentals of hockey and teamwork from professional coaches in a floor hockey setting before taking to the ice when outdoor park rinks open in January. The coaches are from FHIT Hockey and have a professional coaching background. We look forward to you joining the Rink Rats program.

Kids get a free jersey and great coaching. Helmets, sticks and skates are provided for class use.

#### Session 1: Floor Hockey

- Dates: Mondays, Nov 7, 14, 21, 28 and Dec 5, 12 & 19
- Time: 8-9:15 am in the South Gym at Sonnesyn Elementary
- Class ID: SOF-0699-Floor Hockey
- Cost: Free
- Deadline to Register: Thursday, Nov 3
- Bring: Tennis shoes and comfortable clothing for running in the gym.



#### Session 2: Outdoor Skating

- Dates: Wednesdays, Jan 11, 18, 25 and Feb 1, 8 & 15
- Time: Meet at 7:35 am in the Multi-purpose room at Sonnesyn Elementary and skate from 8-9 am. Students will walk together to the Hidden Valley Park Outdoor Ice Rink.
- Class ID: SOW-0699-Outdoor Skating
- Cost: Free
- Deadline to Register: Monday, Jan 9 or when filled
- Bring: Boots, snowpants, jacket, hat, gloves and warm socks

**Any Questions?** Contact Missy Laatsch at [Melissa\\_Laatsch@rdale.org](mailto:Melissa_Laatsch@rdale.org) or 763-504-7615.

#### REGISTRATION OPTIONS:

- Online: [rdale.feepay.com](http://rdale.feepay.com)
- Phone: 763-504-6999
- Mail: 2400 Sandburg Lane,  
Golden Valley, MN 55427



# Discover U

## 2016 Rink Rats at Sonnesyn

**Online:** *www.ced.rdale.org*  
**Phone\*:** 763-504-6999      **Fax\*:** 763-504-6989  
*(\*Credit Card only. A check may be used for mail or drop off)*  
**Mail or Drop:** Sandburg Learning Center, 2400 Sandburg Lane, Golden Valley, MN 55427  
**(Do NOT return to student's school)**

### Youth Enrichment Registration Form

*Incomplete forms cannot be processed. Payment must accompany registration form.\**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ 281 resident? YES / NO  
 Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_  
Special needs, medical info, allergies, etc. \_\_\_\_\_  
Parent Name (s) \_\_\_\_\_ Phone (h) (\_\_\_\_) \_\_\_\_\_ Phone (w) (\_\_\_\_) \_\_\_\_\_  
Email address (you will receive a confirmation via email) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

#### **ROBBINSDALE AREA SCHOOLS PERMISSION SLIP AND WAIVER FORM**

As a parent/guardian, I give permission for my child to participate in DISCOVER U. This program is not required by the Robbinsdale Area School District. In addition, I give permission for my child to participate in all off-site classes and field trips associated with DISCOVER U., including transportation to and from such off-site classes and field trips. I am aware of the inherent risks associated with these activities and that all risks cannot be prevented. If my child should require emergency medical treatment, I consent to such treatment. I acknowledge that the school district does not provide accident or health insurance for students, and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment. To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees and volunteers, from any claims for damages or injury to my child or property, which may arise from my child's participation in the above program and all related activities. This release and holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees and volunteers that cause harm to my child. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arises out of my child's participation in this program. If I am concerned about the program identified above or any of the activities or risks associated with the program, I understand that I can contact the Robbinsdale Area Schools. (Call Aviva Hillenbrand at 763-504-4905 at Robbinsdale Area Schools Community Education.)

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
My child's picture/name/both may be used for publicity purposes: \_\_\_\_ Yes or \_\_\_\_ No

#### **CLASS INFORMATION:**

Class No. \_\_\_\_\_ Class Title / Start Date \_\_\_\_\_ Class Fee \_\_\_\_\_

*(\*Limited financial assistance available for eligible students. Call 763-504-6990.)*

**TOTAL \$** \_\_\_\_\_

Check (payable to *District 281*) or Credit Card number \_\_\_\_\_ Credit Card exp date \_\_\_\_\_

For credit card: Name \_\_\_\_\_ Signature \_\_\_\_\_

#### **CANCELLATION & REFUND POLICY**

If we cancel your class or it is full you will receive a full refund. If you cancel, by the cancellation deadline or five business days prior to the class start date (whichever is earlier), we will gladly refund the price of the class less a \$5 processing fee. For cancellations after the deadline, or less than five business days prior to the class start date, refunds will be granted only in case of serious illness or family emergency and will be assessed a \$5 processing fee.