



2010 Winter Hockey Programs

Please EMAIL or FAX completed form.

FOR OFFICE USE
ID#

Call: (718) 505-6230 x 7001
Fax: (718) 706-6670
E-mail: pjackson@cityicepavilion.com

Program & Cost: Check your choice

Future Rangers
\$30 Per Class /
\$250 10 Week Session

Hockey Prep
\$35 per Class /
\$300 10 Week Session

Mighty Mites
\$45 Per Class /
\$400 10 Week Session

Dates and Times

SUNDAYS (Jan 3 - Mar 7) MONDAYS (Jan 4 - Mar 5) WEDNESDAYS (Jan 6 - Mar 10)

Location

City Ice Pavilion
47-32 32nd Place, Long Island City, NY

FIRST NAME	LAST NAME	DATE OF BIRTH <small>MM/DD/YY</small>	GENDER
		/ /	M F
ADDRESS	CITY	STATE	ZIP CODE
PARENT/GUARDIAN NAME		RELATIONSHIP TO PLAYER	
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL			
EMERGENCY CONTACT / RELATIONSHIP TO PLAYER		EMERGENCY CONTACT PHONE NUMBER	

TEAM AFFILIATION & HOCKEY INFORMATION

CURRENT TEAM	POSITION	JERSEY SIZE:
LEAGUE	TEAM DIVISION (I.E. HOUSE, TIER II TRAVEL)	TEAM AGE DIVISION (I.E. MITE)
HOME RINK AND LOCATION		

PAYMENT INFORMATION

Registration forms will only be accepted with a valid credit card number or check payable to City Ice Pavilion

PAYMENT AMOUNT	PAYMENT TYPE (CHECK ONE) <input type="radio"/> VISA <input type="radio"/> M/C <input type="radio"/> AMEX <input type="radio"/> DISCOVER <input type="radio"/> CHECK
CREDIT CARD OR CHECK NUMBER	EXP. DATE /
NAME ON CARD / CHECK	
CARDHOLDER SIGNATURE	

TERMS & CONDITIONS

Acknowledging that participation in athletics carries with it a risk of personal injury, I agree that City Ice Pavilion, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in any and all City Ice Pavilion programming at any time preceding, during, or after program is in session and I hereby discharge City Ice Pavilion, its agents and employees, from all actions, claims, and demands I or my child may have for any such injury or damage, I authorize that City Ice Pavilion has the right to use all photographs or videos taken of my child during programming for advertising or promotional purposes

PARENT/GUARDIAN SIGNATURE	DATE
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