



CITY ICE PAVILION Youth Hockey Programs Fall 2010-Winter 2011 (Long Island City, NY)

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

Session
(check boxes that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> After School Hockey League | <input type="checkbox"/> Mighty Mites | <input type="checkbox"/> Power Skating* | <input type="checkbox"/> Future Rangers |
| <input type="checkbox"/> Squirts = Tuesday 5:30 -6:50pm | <input type="checkbox"/> Monday 5-6:20pm | <input type="checkbox"/> Monday 5-6:20pm | <input type="checkbox"/> Sunday 11am - Noon |
| <input type="checkbox"/> Peewees - Tuesday 7:00 8:20pm | <input type="checkbox"/> Thursday 4:5:20pm | | |

*Power Skating Clinic is free for all all players in the Afterschool Hockey League

COST/PAYMENT PLANS:

After School Hockey League \$1350*	Mighty Mites \$1350* 1 Day \$1800** Both Days	Power Skating (only) \$300 for 10 sessions \$35 walk-up	Future Rangers \$250 for 10 sessions \$30 walk-up
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Early payment discounts for ASHL & Mighty Mites (*\$1200 and **\$1600 if paid in full by 9/17/10)

PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	DATE OF BIRTH MM/DD/YY	GENDER M F
ADDRESS		CITY	STATE ZIP CODE
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 - All Fees Must be Paid in Full by 11/1/10

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

WAIVER & RELEASE FORM

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 for any injury or damage, howsoever caused, resulting directly or indirectly from my 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 me during programming for advertising or promotional purposes

PARENT/GUARDIAN SIGNATURE-	DATE
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