



Youth Hockey Skills/Youth Leagues/Transportation Registration

Spring Season, March 19 - June 10, 2012

Skater's First Name/Last Name _____ Birthdate _____
 Address _____ Apt. # _____ City _____ State _____ Zip _____
 Parent/Guardian Name _____ Email _____
 Phone _____ Emergency Contact/Phone _____

Skills Programs, Clinics

Mites A Skills Ages 7-8	Wednesdays 4:30-5:50pm _____ 12-week program, \$420 (Walk-on, \$40/session)
Mites B Skills Ages 5-8	Tuesdays 4:30-5:50pm, _____ 12-week program, \$420 (Walk-on, \$40/session)
Squirts Skills Ages 9-10	Wednesdays 4:30-5:50pm _____ 12-week program, \$420 (Walk-on, \$40/session)
PeeWee and Bantam Skills Ages 11-14	PeeWees, Fridays 7:00-8:20pm _____ 12-week program, \$420 Bantam, Mondays, 7:30-8:50pm _____ 12-week program, \$420 (All Walk-ons, \$40/session)
Goalie and Shooting Clinic All Age Groups	Mondays-6:30-7:20pm _____ Goalie, \$30/session _____ Shooter, \$25/session
Power Skating All Age Groups	Mondays-6:30-7:20pm _____ 10 sessions, \$250 (Walk-ins, \$30)

House League

Mites A Ages 7-8	Practice, Mondays 5:00-6:20pm Games, Fridays 5:30-6:50pm _____ 12-week program including Jersey, \$765
Mites B Ages 5-8	Practice, Thursdays 4:00-5:20pm Games, Fridays 5:30-6:50pm _____ 12-week program including Jersey, \$765
Squirts Ages 9-10	Practice, Tuesdays 6:00-7:20pm Games, Sundays 4:30-5:50pm _____ 12-week program including Jersey, \$765
PeeWees and Bantams Ages 11-14	Practice, Tuesdays 7:30-8:50pm Games, Sundays 6:00-7:20pm _____ 12-week program including Jersey, \$765

Van Transportation for Weekday Practices/Games

Roundtrip Van Transportation To/From Manhattan	House League RT Vans _____ 1 practice/week, \$480 _____ 1 practice, 1 game/week, \$960 (Must purchase transportation package for entire League season.)
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Programs Selected

_____ Skills: Mites A, Mites B, Squirts, PeeWee/Bantam, \$420
_____ Power Skating, \$250 _____ House League, \$765
_____ House League RT Van: 1 practice/week, \$480
_____ House League RT Van: 1 practice, 1 game/week, \$960
_____ TOTAL

Circle Payment Method Cash Check# _____ MC Visa Discover Amex
 Credit Card # _____ Exp. Date _____
 Cardholder Name _____ Signature _____ Date _____

BEFORE A CHILD CAN PARTICIPATE IN A CITY ICE PAVILION PROGRAM, THIS RELEASE MUST BE SIGNED BY THE PARTICIPANT'S PARENT/GUARDIAN. SKATE AT YOUR OWN RISK. NO REFUNDS, EXCHANGES OR MAKE-UP CLASSES. NOT TRANSFERRABLE.

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.

ALL PARTICIPANTS MUST HAVE FULL HOCKEY EQUIPMENT.

Parent/Guardian Signature _____ Date _____

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