



Spring Madness 2010

Youth Hockey League

for Mite, Squirt, Pee Wee and Bantam

Ten (10) Games + 2 practices, Power Skating Clinic and Off Ice Conditioning Clinic, plus Playoffs and Championship.

Our innovative Spring League was developed by twelve (12) Youth Hockey Associations utilizes a coaches draft to create a competitive, well balanced league appealing to all skill levels. The league accentuates friendship, camaraderie and competition.

Squirt (00 and 01) / **Pee Wee** (98 and 99) and **Bantam** (96 and 97)

Separate Leagues for Squirts, Pew Wee and Bantam.

Mite (2002+)- **Full Ice**– Designed for those with prior full ice competition.

All Games are played on Sat. & Sun.

Mites (2002+) 3 V. 3 -Starts Sat. April 3rd @ 9:45am. All other games on Sundays @ 9:45am

An innovative program designed by USA Hockey to enhance a player's skills by allowing increased skating and stick handling time. Appeals to players at all skill levels, aimed at creating valuable experience for all participants.

Evaluation Dates/Times for Spring Madness League:

(An evaluation (to balance teams), not a try-out; all players make a team)

<u>Birth Years</u>	<u>Level</u>	<u>Date</u>	<u>Day</u>	<u>Time</u>
02 & 03+	MITE 3V3	no evaluation required- 1st game on Sat. Apr. 3rd 9:45am– all subsequent weekly games are on Sun. @ 9:45am		
02 & 03	MITE FULL ICE	March 21st	Sunday	7:00 AM
00 & 01	SQUIRT	March 21st	Sunday	8:15 AM
98 & 99	PEEWEE	March 21st	Sunday	1:00 PM
96 & 97	BANTAM	March 21st	Sunday	5:30 PM

We will contact you with your team name/schedules prior to your first game on the weekend of Sat., Apr. 3rd, 2010.

(Mites 3 v. 3 your 1st game is Sat. Apr. 3rd @ 9:45am.)

Please complete the application on reverse side and send in today.

Questions- 203-929-6500 ext 45

SportsCenterCT.com



Spring Madness Youth Hockey Application 2010

784 River Road, Shelton CT 06484 203-929-6500 Fax 203-929-7624

(Payment in full must accompany enrollment. Thank you.)

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ Home #: _____

Town: _____ State/Zip: _____ Cell/work #: _____

E-mail: _____

Current Youth Hockey Program: _____

This winter I was a: _____ Mite _____ Squirt _____ Pee wee _____ Bantam
_____ House _____ Other (Explain) _____

My Travel level was:

A _____

B _____

C _____

Indicate program(check mark) you wish to apply to (use hockey level for Fall 2010):

_____ Mite Full Ice (2002+)	Total \$\$ for Program:	\$219.00
_____ Mite 3 v. 3 (2002+)	Evaluation Day (mandatory payment**)	\$15.00
_____ Squirt (2000 and 2001)	Jersey	<u>\$15.00</u>
_____ Pee Wee (1998 and 1999)		
_____ Bantam (1996 and 1997)	Total \$	_____

** -evaluation day payment mandatory even if not attend (except 3 V 3)

Code: Youth league/
Ice Spring 2010

Credit Card Information: I authorize The Rinks at Shelton to charge the above balance to my account without further notice.

Card # _____ Exp Date: ____/____/____ 3 digit cvv2 code _____

The Rinks at Shelton ("Rinks") RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT PARTICIPANT PLEASE READ BEFORE SIGNING (Larger Type Copy available at Front Office).

In consideration of being allowed to participate in any way in any and all activities, leagues, clinics, events, skating programs at Rinks ("Program"), Participant, acknowledges and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

PARTICIPANT KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, being both known and unknown of my participation in the Program EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

PARTICIPANT willingly agrees to comply with the stated and customary terms and conditions for participation in the Program, if however, PARTICIPANT observe any unusual significant hazard during my presence or participation, PARTICIPANT will remove myself from participation and bring such to the attention of the nearest official immediately, and,

PARTICIPANT, for myself and on the behalf of my heirs, assigns, personal representatives, next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS RINKS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Arbitration: In further consideration of allowing me to participate in the aforementioned Program, PARTICIPANT hereby agrees to submit to binding arbitration any and all claims which PARTICIPANT believes PARTICIPANT may have against Rinks arising from my activities at the Rinks. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitration shall apply the Federal Rules of Evidence to all proceedings.

I hereby grant Rinks the right to use photographs, video images and/or other media of participant for publicity, advertising and/or other commercial purposes.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Furthermore, the arbitration shall be held in Shelton, Connecticut unless otherwise mutually agreed to by all parties. The submission to American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
Parent/Guardian Signature

Questions— Please call 203-929-6500 ext 45

** -All prices programs/dates/times subject to change without notice. All times subject to 10 minute ice resurfacing