

# 8 and Under Fall 2010 REGISTRATION FORM

Payment and Registration Form **MUST** be Handed in by  
SUNDAY AUGUST 29, 2010

## Cost of the League:

**\$105.00** per player per season

## What the League is:

Non-check youth hockey league. The season will consist of 12 games, each game will consist of; 1-5 minute warm up, 1-25 minute skills instruction, 1-30 minute game.

Professional skills instruction by Jay Mazer and Scott Gartzke.

All participants receive a jersey with a number, which must be returned at the end of the season.

## Why to Join:

To increase hockey skills and learn team play.

## Who can Join:

All first time players are welcome to participate. Must be 8 years old or less at the time of the sign-up.

## When the league plays:

Sunday afternoons between 4:00 & 7:00 pending number of teams

## Equipment Requirement:

Shin Guards, Elbow pads, hockey gloves, stick, cup, mouth piece, and a HECC approved helmets with facemask protection required.

**NOTE:** Mylec helmets and lacrosse helmets are not allowed!

## Full Service Pro-Shop:

A full selection of inline skate, hockey sticks, wheels, pucks, etc available every day.

Pro Shop Hours: Monday-Friday 2pm-9pm, Sunday 12-9pm (times subject to change during the summer)

## Waiver: In consideration of being permitted to participate in this

hockey league and competition the "participant" and the participant's parent/guardian(s) hereby release, waive, and discharge the Susquehanna Sports Center, its owners, officers, employees, and the owners of the property at 1001 Bosler Ave. Lemoyne, PA from all liabilities for any or all loss or damage, and any claim or damages resulting there from, on account of person injury or property damage, even injury resulting in wrongful death or permanent injury of any kind whatsoever that may occur to participant as a result of this voluntary participation at said facility.

**WARNING: SERIOUS ACCIDENTS AND INJURIES CAN RESULT FROM THE RISKS ASSOCIATED WITH INLINE SKATING AND COMPETITIVE HOCKEY**

These risks and dangers maybe caused by the negligence of yourself, the participant, or the negligence of others including other players or the "release's" identified above. This includes negligence arising from the performance, or failure to perform maintenance, inspection, supervision or control of hockey play at the facility. On behalf of myself, I agree to accept and assume all the risks existing in my voluntary participation in this hockey league and competition and elect to participate in spite of risk of personal injury to participant. **Also Note:** There will be no refunds after the first game.

## Season Starts Sunday SEPT. 12 2010

Players Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_

Work #: \_\_\_\_\_

*Do you already get email from us? Yes or No*

Email: \_\_\_\_\_

*Please check the box before signing this form if you have read and understood all that is stated above and handed in your payment. So if asked about any of the information you will be able to answer any questions asked by any sports center employee.*

Parents Printed Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

*If you have any questions please contact:*

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