

IMPORTANT: PLEASE READ ENTIRE PAPER

YOUTH HOCKEY

Payment and Registration Form **MUST** be Handed in by
DEC. 14TH

WINTER 2009 REGISTRATION FORM

PRICE: 12 Game Season plus
playoffs. **\$105 per player**
(make checks payable to SSC)

DUE DATE:
SUNDAY DEC. 14, 2008

PLACE: Susquehanna Sports Center
1001 Bosler Ave. Lemoyne, Pa. 17043
Phone: 717-763-8062 Fax: 717-763-8458
Email: info@susq-sports.com
Website: www.susq-sports.com

AVAILABILITY: *Limited*

Spaces Available

SEASON BEGINS:

Mite/Pee Wee: JAN. 9, 2009

Bantam/Juniors: JAN. 11, 2009

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.

Age Groups:

Mites (Ages 9-10)
(Friday Nights)

PeeWee (Ages 11-12)
(Friday Nights)

Bantams (Ages 13-17)
(Sunday Mornings)

Juniors (Ages 16-18)
(Sunday Afternoons)

Players Name: _____ Age: _____

Birthday: _____ Level: _____

Position: _____ Previous _____

Experience: _____

Parents Name: _____

Address: _____

Phone#: _____ Work #: _____

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: _____

Do you already get email from us? Yes or No Email: _____

Once teams are put together, the players will receive a call from their coach about their first game. Also player are subject to being traded depending on how other teams are doing to make the league competitive.

**WE CAN ONLY GUARANTEE THAT SIBLINGS WILL BE PLACED ON THE
SAME TEAM.**

*If you have any questions Please email us at:
INFO@SUSQ-SPORTS.COM*