

ROOKIES ²⁰¹¹

BECAUSE IT'S NEVER TOO LATE TO SIGN UP FOR HOCKEY



Mondays
Fall Sessions

August 20th - November 7th

4:00 - 4:50 PM

Ages 7 - 13

GLACIER HOCKEY HAS THE BEGINNING HOCKEY PROGRAM FOR THE CHILD WHO IS TOO OLD FOR "LEARN TO SKATE"

RENTAL SKATES & JERSEY PROVIDED

FULL EQUIPMENT ENCOURAGED.

MINIMUM: HELMET/FACEMASK, ELBOW PADS, HOCKEY GLOVES, SHINPADS

\$150

10 WEEK SESSION

\$15

DROP-IN

Pay at the front desk at Glacier Ice Arena or Register Directly online

Online Registration: www.glacierskateshop.com

For More Information - Sanderson@glacierskate.com



Dependent on space & availability - Players may have an option to make the transition to a Spring House Team



ROOKIES

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NAME: _____
Player Name Date of Birth (REQUIRED)

ADDRESS: _____
Street City / State Zip

PARENT INFO: _____
Name(s) Home # Cell #

E-MAIL ADDRESS: _____

\$150 TEN WEEKS

\$15 DROP-IN - Simply Sign-In at the Front Desk and Pay Per Sessions

Payment Included:

Check # : _____ MC/Visa/Disc#: _____ exp: _____

Name on Card: _____

Release and Hold Harmless Agreement

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the above program/programs

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any or all activities connected or associated with such program/programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Glacier Ice Arena, Glacier Hockey, HockeyZone, and Glacier Ventures and any of the officers, agents, member, servants and/or employees of the mentioned entities.

I further agree to indemnify and hold harmless and defend The Glacier Ice Arena, Glacier Hockey, HockeyZone, and Glacier Ventures and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all civil claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program/programs.

In the event of any emergency, I authorize the Glacier Ice Arena officials to secure from any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Print name of Participant

Signature of Participant or Parent/Guardian

Date

