

Spring SUPER-MITE / MINI-MITE HOCKEY LEAGUE 2012



REGISTER BY FEBRUARY 21ST TO GUARANTEE ROSTER SPOT

SEASON WILL RUN FROM APRIL 2ND THRU THE END OF MAY 2012

<i>Super-Mite / Mini-Mite Evaluation Date</i>	
Birth-years: 2005/2006/2007	Date & Time
Last Name A - L	Monday - March 19th 5:10 PM
Last Name M - Z	Monday - March 19th 5:10 PM

-  12 ICE SLOTS
-  SPRING JERSEY INCLUDED
-  UTILIZING USA HOCKEY'S AMERICAN DEVELOPMENT MODEL



Early
SIGN-UP DISCOUNT
\$275

REGISTER BY FEBRUARY 21ST

The Ice Dogs Mini-Mite / Super-Mite program will operate as a house league within the Glacier Ice Arena only, and will be directed and supervised completely by our professional staff and assisted by interested parents. This Program is for beginner first year hockey players with birth years of 2005 or younger. There will be an evaluation on March 19th and all players will then be divided onto Mini-Mite or Super-Mite teams based on their ability. The Mini-Mite / Super-Mite program will consist of twelve ice slots spread throughout the spring. During the spring season, we will continue to focus on skills, but will also emphasize USA Hockey's ADM Program which incorporates Small Area Game Play and Player Development. All Players must be registered with USA Hockey. Ask Hockey Office for Details.

FEE FOR SUPER-MITE/MINI-MITE: \$295

REGISTER W/GLACIER HOCKEY OFFICE OR ONLINE

SAnderson@Glacierskate.com

www.glacierskate.com

www.glacierskateshop.com

847.996.0948 or 847.362.1222

THE SUPER-MITE / MINI-MITE PROGRAM IS FOR BEGINNER HOCKEY PLAYERS WITH BIRTHDATES OF 2005 & YOUNGER. IF YOU HAVE QUESTIONS ABOUT WHERE YOUR PLAYER SHOULD PLAY, PLEASE CONTACT THE GLACIER HOCKEY OFFICE



Information Subject to Change



Spring SUPER-MITE / MINI-MITE HOCKEY LEAGUE 2011

Register by February 21st to Guarantee Roster Spot

NAME: _____
Player Name Date of Birth (REQUIRED)

ADDRESS: _____
Street City / State Zip

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

E-MAIL ADDRESS: _____

CAR POOL REQUEST: _____
 you may request 2 players and an effort will be made to match you with at least one for carpooling purposes.

SUPER-MITE & MINI-MITE REGISTRATION FEE: \$295

\$275 Early Sign-Up Discount by 2/21/11

INTERESTED IN BEING A VOLUNTEER COACH ARE YOU CERTIFIED? YES NO

Payment Must Be Included:

Check # : _____ MC/Visa/Disc#: _____ exp: _____
Payable to Glacier Ice Arena

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