



2012 SCSU SPRING HOCKEY



Date: March 19 - April 26, 2012 Site: National Hockey Center
 Entry Fee: Mini Mites \$75 / Mites - Squirts \$125 / Peewees-Bantams \$145 (Includes dryland training each session)
 Entry Deadline: March 8, 2012
 Structure: Each Mite - Bantam team will play 8-10 games over the 5 week period with 1-2 practice sessions. Mini Mites will play 6-8 games over the 5 week period with 1 practice session. Each team will be assigned a coach for instruction. The teams will be limited to 15 skaters and 1 goalie. All players will be given a jersey that they will keep. Goalies are encouraged to sign up early as there will be only one goalie per team. New this year is dryland each game for Peewees and Bantams By FAST ELITE.

Eligibility: This league is open to ages 5-15. They will divide into five leagues by age group. Mini Mites 5-6, Mites 7-8, Squirts 9-10, Pee Wee 11-12, Bantams 13-15. High School girls of any age that wish to play at the Bantam level are encouraged to do so. Please list your child's current age and check the group that you would like them to participate in. We will only allow kids to move up to the next level if they will be playing at that level in the up coming season. Mini Mites will not be allowed to move up to Mites until after they have played one regular season at the Mite level. Please do not use this as a tryout, only register your child for an older group if they are ready.

Rules: Games will be two 12 minute stop time periods and a third period of running time for a total length of one hour for Mites - Bantams. Mini Mites will play for one hour and will change lines every two minutes, their games will be half ice 3 on 3. There will be two officials and one score board operator for each game at the Squirt - Bantam level. There will be one official and one score board operator at the Mite level and only a score board operator at the Mini Mite level.

Information: For more information call 320-308-7245 or email nhcprograms@stcloudstate.edu.

-----Cut and Mail -----

2012 YOUTH HOCKEY SPRING LEAGUE REGISTRATION

Name _____ Address _____ City _____ Zip _____

Group (circle one): Mini Mite Mite Squirt Pee Wee Bantam

Age _____ Sex: _____ Male _____ Female Goalie: _____ Yes _____ No

Parent's Name _____ Daytime Phone () _____ Home Phone () _____

Health Ins. Co. _____ Policy Number _____

Did you play on a house team in 11-12? (if yes, circle one): Mini Mite Mite Squirt Pee Wee Bantam

Did you play on a travel team in 11-12? (if yes, circle one): Mini Mite Mite Squirt-A Squirt-B Pee Wee-A Pee Wee-B
 Bantam-A Bantam-B Girls 14-U Girls 16-U Girls High School

Are you a parent who is interested in being a coach?: Yes _____ No _____ Experience: _____

By signing this form I hereby acknowledge that my child is medically fit to participate in the Youth Hockey Spring League. I authorize the coordinator to secure any medical treatment deemed necessary and waive and release the National Hockey Center from any and all liability for any injuries.

Parent's or Guardian's Signature _____ E-Mail _____

SEND CHECK & REGISTRATION TO:

12 National Hockey Center

720 Fourth Ave. South

St. Cloud MN 56301

(Make check payable to SCSU)

CAR POOLING: KIDS OUTSIDE THE ST. CLOUD AREA

Please indicate the names of kids you would like to car pool with. We will make every attempt to make sure at least one request is granted.

1 _____ 2 _____

3 _____