

EVALUATION NIGHTS ARE FRIDAY, AUG 26TH AND SEPT 2ND--6pm to 8pm!
EACH PLAYER SHOULD ATTEND TO BE EVALUATED SO THEY CAN BE PLACED ON TEAMS.

YOUTH HOCKEY

Payment and Registration Form MUST be handed in by FRI, AUG 19
FALL 2016 REGISTRATION FORM

PRICE: 8 Game Season plus playoffs
\$85 per player

SEASON BEGINS:
Sept. 9, 2016

DUE DATE:
FRIDAY, August 19, 2016

PLACE: Yellow Breeches Sports Center
700 Shawnee Court
New Cumberland Pa. 17070
Phone: 717-763-8062 Fax: 717-763-8458
Email: info@yellowbreechessports.com
Website: www.yellowbreechessports.com

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 Yellow Breeches Sports Center, its owners, officers, employees, and the owners of the property at 700 Shawnee Ct. New Cumberland, 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 may be 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.

Mites (Ages 7-11)
(Friday Nights)

PeeWee (Ages 11-14)
(Friday Nights)

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@YELLOWBREECHESSPORTS.COM