Spring 2010
Cross Ice Hockey
League & Playoffs

skatevmsr.com

- Full Equipment with USA Hockey Approved Helmet and Full Face Mask is Mandatory
- Ages 6 – 14
- March 15-Practice & Team Assignments
- Nine (9) Games
- Playoffs for All Teams
- Games on Monday Evenings (other days and times as needed)
- All Days and Times are Subject to Change

WHEN: **Begins Monday, March 15 7:00 pm**

FEE PER PLAYER: **Resident- $90 Non Resident-$108**

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Spring 2010 Cross Ice Hockey 424431 A

Participants Name:____ DOB:_____/_____/_____
last *first*

Home Phone:____________________

Parent/Guardian:____________________________________ Work Phone:____________________
last *first*

Address:_________________________________ Town:________________ State:____ Zip:__________

Email Address:

Health Concerns:____

TOTAL FEE:________________

Guardian Release

Acknowledging that ice hockey is a hazardous activity, I agree that the Town of West Hartford, its agents, servants and employees shall not be liable to me or my child for any injury or damage resulting directly or indirectly from my or my child's participation in this Hockey Skating program, whether incurred on the ice or otherwise in or about the building. I further agree that I will not sue, arrest, attach or prosecute any said persons for any injury or damage,and I release and discharge the Town of West Hartford, its agents, servants and employees for all actions, claims and demands I may have from any injury or damage.

Signature of Parent/Guardian:__________________________________ Date:________

Card #____ Visa MC

Name on Card__________________________________ Exp________

All fees are non refundable.
Make checks payable to:
Town of West Hartford

Cashier________________

Veterans Memorial Ice Skating Rink 56 Buena Vista Rd. West Hartford, CT 06107 860- 521-1573