

# 2016-2017 INLINE HOCKEY APPLICATION HOLIDAY SKATING & FUN CENTER (856) 461-3770

<h2>WHEN?</h2>	SESSION #1—SEPT 16 & 17 SESSION #2—NOV 11 & 12 SESSION #3—JAN 27 & 28 SESSION #4—MAR 24 & 25 <small>SKIP THANKSGIVING WEEK / 2 WEEKS OF HOLIDAY-NEW YEARS / AND 1 WEEK IN MAY.</small>	THRU NOV 4 & 5 THRU JAN 20 & 21 THRU MAR 17 & 18 THRU MAY 19 & 20
<h2>DAYS &amp; TIMES?</h2>	<u>FRIDAY</u>  6:15 PM-7:15 PM ALL AGES SKILL DRILLS	<u>SATURDAY</u>  9:00 AM-10:25 AM ALL AGES INTRA-SQUAD GAMES
<h2>COST?</h2>	EACH IN-HOUSE HOCKEY PLAYER MUST PAY AN ANNUAL LEAGUE FEE OF \$25.00 (GOOD SEPT. 2016 THRU AUG. 2017)  FEES ARE \$100 PER SESSION (1ST FAMILY MEMBER) FEES ARE \$90 PER SESSION (ADDITIONAL IMMEDIATE FAMILY MEMBER)  IF YOU SKATE 3 SESSIONS OF THE 2016-2017 SEASON, THE REMAINING SESSION IS \$90 FOR THE 1ST FAMILY MEMBER.	

HOCKEY PLAYERS RECEIVE A TEAM JERSEY WHEN THEY REGISTER THE FIRST TIME FOR THE 2016-2017 SEASON


**REQUIRED EQUIPMENT:** HELMENT (FULL FACE SHIELD)...INTERNAL MOUTH GUARD...ELBOW AND KNEE PADS...SHIN GUARDS...HOCKEY GLOVES...PROTECTIVE CUP (FOR BOYS)...HOCKEY STICK

**ALWAYS BRING WITH YOU:** YOUR TEAM JERSEY, WATER BOTTLE WITH YOUR NAME ON IT... LABEL ALL OF YOUR EQUIPMENT WITH YOUR NAME ON EACH PIECE.

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PLAYER AWARD TROPHIES!

PLAY 3 OR MORE SESSIONS OF THE 2016-2017 SEASON AND YOU WILL EARN THE OMNI PARTICIPATION AWARD TROPHY. PRESENTED ON FRIDAY MAY 19th or SATURDAY MAY 20th



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**HOLIDAY SKATING & FUN CENTER 2016-2017 INLINE HOCKEY REGISTRATION FORM**

**PLEASE PRINT CLEARLY.**

PLAYERS NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CITY / STATE / ZIPCODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_ PARENT CELL NUMBER: \_\_\_\_\_

PARENTS EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

I, THE PARENT OR GUARDIAN OF THE ABOVE SKATER, DO UNDERSTAND THAT ROLLER HOCKEY IS A SPORT WHICH ACCIDENTS MAY OCCUR AND I DO TAKE FULL RESPONSIBILITY FOR ANY ACCIDENTS WHICH MAY OCCUR DURING THE NORMAL COURSE OF PRACTICE AND GAMES.

PARENT/LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE HAND DELIVER OR MAIL TO:  
HOLIDAY SKATING CENTER  
P.O. BOX 8 RIVERSIDE, NJ 08075

PLEASE MAKE CHECKS PAYABLE TO: **HOLIDAY SKATING CENTER**

SPACE IS LIMITED...APPLICATIONS WITH PAYMENT RESERVES SPACE... (LATE APPLICATIONS ARE ACCEPTED ONLY IF SPACE IS AVAILABLE)