



# Youth Hockey Program Registration Form 8 Week Fall Session 9/14/2020

**Indoor Goals Learn to Play Hockey (MITES) Program** for kids 4-10 years old meets every Monday from 5:00 – 5:55 pm. **This special session is 8 weeks long.** The goal of this program is to introduce kids to roller hockey in a fun and safe environment. With a combination of practices and games, our program will help kids develop their hockey skills in a motivating and positive atmosphere. No refunds/makeups for missed games.

**Program cost: \$120 for 8 weeks**

**The next session begins Monday, Sept 14th at 5:00pm.**

**Indoor Goals Youth Hockey (SQUIRT/PEEWEE) Program** meets every Monday from 5:00 – 5:55 pm. **This special session is 8 weeks long.** This program is for kids age 10-14 years old and is a combination of games and practices. No refunds/makeups for missed games.

**Program cost: \$120 for 8 weeks**

**The next session begins Monday, Sept 14th at 5:00pm.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Division (check one please): MITE \_\_\_\_\_ SQUIRT/PEEWEE \_\_\_\_\_ BANTAM \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Parent Cell): \_\_\_\_\_

### WAIVER & RELEASE FORM

All players are required to have Indoor Goals Players Insurance. Memberships are valid from September 1st thru August 31st and the cost is \$25. Please contact Meg@indoorgoals.com if you need to submit a claim.

Current Insurance? N Y # \_\_\_\_\_

**EMERGENCY Contact:** Name: \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL RELEASE:** In the event that I am injured and am unconscious, or my child is injured during the absence of parent or legal guardian, I give my permission for the person in charge to seek medical care.

Parent/Guardian Signature (for players, 17 yrs old and under): \_\_\_\_\_ Date: \_\_\_\_\_

League Fee: \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

**METHOD OF PAYMENT:** Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Visa/MC: Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**How did you hear about Indoor Goals?**

<b>For Office Use:</b> <b>Total Paid: \$</b> _____ <b>Staff</b> _____ <b>Date</b> _____
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