

Release/Hold Harmless

I agree to fully and forever release and discharge GVAHA , Georgetown Ice Center , Georgetown Charter Township , its officers, employees, agents, and representatives, and their heirs, successors, assigns, executors and administrators, from any and all claims, demands, rights of action or causes of action, present and future, whether the same is known, unknown, or anticipated, resulting from or arising in connection with the participation in said program from all claims, actions, causes of actions, damages by the undersigned person, the parents/guardians, and for loss or injury resulting from the participation of such person in this program. I further agree to indemnify and save harmless such parties from all claims, actions, damages or demands including all costs and expenses incurred in defending any such claims or actions. ANY PARTICIPANTS WHO CAUSE DAMAGE WILL BE SUSPENDED FROM THE LEAGUE AND THE GVAHA WITH NO REFUND. I have read the release and understand that this is a full final release of all claims for injuries and damages sustained in GVAHA and understand the responsibilities I have assumed here under.

Parent's Signature

Date

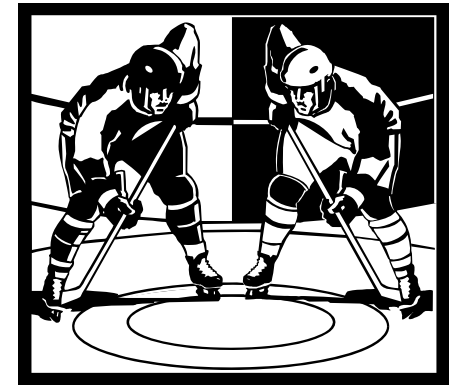
Grand Valley Amateur Hockey Assoc.
8500 48th Avenue
Hudsonville, MI 49426
(616) 662-2800 * fax (616) 669-1132
jmbhockey@sbcglobal.net

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Hudsonville, MI 49426



Junior Stars Learn to Play Cross Ice Hockey

Ages 5 – 8



**Winter
2009 - 2010**

Learn to Play Cross Ice Hockey Benefits

- High coach to player ratio.
- Emphasis on...
 - Fun!
 - Skill development
 - Games
- All games are played on a cross ice sheet format that provides for:
 - High tempo
 - Lots of playing time!
 - Instinctive play
 - More puck touches

Additional Benefits:

- Jerseys included.
- 2 hours of ice time per week
 - 50 min. for games
 - 50 min. for practices

Requirements:

- Each player must have:
 - Full equipment
 - Current USA Hockey Registration

Please refer any questions regarding enrollment and/or equipment to:

Joel M. Breazeale
Hockey Director
Georgetown Ice Center
8500 48th Avenue
Hudsonville, MI 49426
(616) 662-2800 * fax (616) 669-1132
jmbhockey@sbcglobal.net

Season Schedule October 6, 2009 thru March 13, 2010

Cross Ice 1 Training Sessions:

- Tuesdays ~ 6:00-6:50pm
 - Begins: October 7
- Saturdays ~ 11:00 – 11:50am

Cross Ice 2 Training Sessions:

- Tuesdays ~ 7:00- 7:50pm
- Saturdays ~ 12:00 – 1:00pm

Cross Ice Games:

- All Games begin Sat. Dec. 5
- 24 weeks total
- ~ Schedule is subject to change ~

League Payments

- \$545.00 - \$50.00 (early reg. fee) = \$495.00
- Pay early and receive \$50.00 off 09/10 fees!
Deadline for early enrollment: June 1, 2009.
- Earliest deposits secure placement.

Payment Schedule

The applicable deposit is due with this registration. The remaining balance due, is payable in full or in three equal installments, which are due on October 1, November 1 and December 1, 2009. Players will not be permitted to skate if fees remain unpaid after December 31, 2009.

Refunds

The registration fee is non-refundable but transferable to other in-house programs. For any skater who becomes medically unable to continue skating, annual fees will be prorated based on ice use, and any excess payment will be refunded. If a skater withdraws for any other reason, the parents or guardians are still responsible for ALL payments that were due before the date of withdrawal, according to the payment schedule listed above.

I agree to provide all of the required information, and I understand and agree to comply with all terms and conditions herein. I have read and understand the G.V.A.H.A. Code of Conduct and do hereby agree to comply with all of the Rules of Conduct.

Parent/Guardian Signature:

Date:

Learn to Play Cross Ice Hockey Registration

Player's Name: _____

Parent's Name: _____

Address: _____

E-mail: _____

City, State, Zip: _____

Home Phone: _____

Age: _____ Birth Date: _____

Registering For:

- Cross Ice 1
- Cross Ice 2

Mark Appropriate Session Box:

Playing experience (check those that apply)

- Learn to Play
- Cross Ice 1
- Cross Ice 2

Payment Choices:

- Check or Money Order Enclosed
 - Paid in Full - \$545.00
 - Deposit - \$100.00
- MasterCard/Visa
 - Paid in Full - \$545.00
 - Deposit - \$100.00

_____ Exp: _____

*Please complete the information on the back for
valid registration.*