



FALL 2019 HOCKEY SCHOOL

ADVANCED SKILLS DEVELOPMENT

SKILL LEVEL TIME REQUIREMENTS

Mini-Mite & Mite	6:10PM- 7:00PM	<ul style="list-style-type: none">This class is designed for individuals playing at the All Star or Travel level.
Squirt, Pee Wee, Bantam	7:10PM - 8:00PM	<ul style="list-style-type: none">Players should already have strong skating skills, prior to enrolling in class.

Sunday Evening

• **Fall I: Sep. 8, 15, 22, 29, Oct. 6, 13**

NEW FOR THE 2019 - 2020 SEASON!

In an effort to encourage early registrations there will be two Registration Fees for all classes.

- An Early Registration Fee - All Registration Fees will stay the same amount as the prior season when completed before the first day of a class.
- A Day Of or After Registration Fee - Any registrations completed the first day of a class or after will be increased by \$10.00.

Early registration is extremely beneficial to allow the skaters and coaches the best opportunity to maximize their lesson time.

Details

- Must wear full equipment including a hockey helmet with full cage (not provided)
- Register for the 2019-2020 season age group
- Coaches may move participants between classes as needed.
- Skaters must have current USA Hockey Membership
- Held on the Multi - Purpose Ice



@SLATERICEARENA

419.372.2264

icearena@bgsu.edu

2019



2020

ENROLLMENT

Online registration and payment is available at:

<http://bgsuicearena.maxgalaxy.net/Home.aspx>

Name _____
 Birthdate _____ Gender _____ Age _____
 Parent/Guardian's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ HOME or CELL _____
 Email _____
 Skill Level _____
 Last session enrolled _____

2019 - 2020 SEASON MEMBERSHIP

(Membership season 1-time per year: July 1 - June 30)

___ \$18 Ice Arena LTS USA Membership (SPS - Basic 2)
 ___ \$30 BGSC LTS USA Membership (Basic 3-6, sign up directly through the BGSC)
 ___ \$70/\$100 BGSC Introduction & Full USFS Membership*
 (Free Skate & above directly through BGSC)
 *Please ask about other options if uncertain about membership

CLASSES

\$75.00 (10% rate: \$67.00) *10% discount for each additional class taken in the same session per skater

___ **FALL I**
 ___ \$75 **Sunday**
 ___ 6:10 (Mini - Mite & Mite)
 ___ \$75 **Sunday**
 ___ 7:10 (Squirt, Pee Wee, Bantam)
 ___ \$10 **Day Of/After Registration**

PAYMENT

- Full payment required with registration

Refund Policy: \$10 service charge on ALL refunds. 100% refund given before first day of class should a withdrawal be necessary. 50% refund given up to end of second class of each session. No refunds issued after second class. If injury occurs, a refund will be issued for remaining classes.

Method of Payment:

___ Cash ___ Credit Card ___ Check # _____

(Make checks payable to BGSU)

* Credit card payment can be processed in person at the Ice Arena Pro Shop, over the phone at 419.372.2264 or mailed to the address above. Due to Payment Card Industry compliance, please do not fax or email a completed registration form containing a credit card number.

* Parent/guardian release signature required prior to first lesson.

RELEASE

PARENT/GUARDIAN/ADULT PARTICIPANT: PLEASE COMPLETE THE RELEASE AS INDICATED BELOW.

I, _____
 of (address) _____
 City of _____

State of _____, voluntarily desire to enroll myself/my child in the 2019/20 Slater Family Ice Arena Youth Hockey Program. I certify that I am cognizant of all the inherent dangers, risks and hazards associated with ice skating/hockey. In consideration of being permitted to enroll, I hereby voluntarily assume all risks of accident or injury to my person or property, whether foreseen or unforeseen. I hereby release Bowling Green State University, and the Slater Family Ice Arena Youth Hockey Program, its employees, agents and representatives from any claim, liability, demand or suit of any kind sustained, whether or not caused by the negligence of Bowling Green State University, Slater Family Learn to Skate, its employees, agents and representatives. I further agree to indemnify and hold Bowling Green State University, its employees, agents and representatives harmless from any claim, liability, demand or suit arising out of any alleged malfeasance, misfeasance of nonfeasance arising in connection with Slater Family Ice Arena Youth Hockey. This release shall be binding upon my heirs, administrators, executors and assigns. Any photographs or video taken by Slater Family Ice Arena Staff are the property of the Slater Family Ice Arena. I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free act. By signing this release, I certify that I have read and fully understand the conditions herein provided.

X _____
 Signature of Parent/Guardian/Adult Participant

Date _____

FOR MORE INFORMATION, CONTACT:

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