

HOCKEY SCHOOL **FALL 2019**

JUNIOR FALCON HOCKEY

AGE

REQUIREMENTS

- Currently participating in IP or higher OR,
- Passed Snowplow Sam 3 or Basic 1

Saturday Morning

0:10AM - 10:40AN

- Fall I: Sep. 7, 14, 21, 28, Oct. 5, 12
- Fall II: Oct. 19, 26, NOV. 2, 9, 16, 23

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

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





2019



2020

ENROLLMENT

Online registration and payment is available at:

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

Name		
Birthdate	Gender	Age
Parent/Guardian's Nam	e	
Address		
City	State	Zip
Phone		HOME or CELL
Email		
Skill Level		
Last session enrolled _		
(Membership seaso \$18 Ice Arena LT \$30 BGSC LTS U directly through \$70/\$100 BGSC (Free Skate & ab *Please ask aboumembership	ASON MEMBE in 1-time per year: Jul S USA Membership (Basi the BGSC) Introduction & Full US love directly through E ut other options if und	y 1 - June 30) SPS - Basic 2) c 3-6, sign up SFS Membership* BGSC) certain about
\$70 Saturday 10:10 (3 -	14)	
\$10 Day Of/After Re	gistration	
PAYMENT - Full payment requir	ed with registration	
before first day of class up to end of second cla	rvice charge on ALL refund should a withdrawal be r ss of each session. No ref refund will be issued for	ecessary. 50% refund given unds issued after second
Method of Payment:		-
CashCredit Ca	ardCheck #	
(Make checks payable to E	BGSU)	
the phone at 419.372.22 Industry compliance, ple		

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

RELEASE

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

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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.
Signature of Parent/Guardian/Adult Participant
Date

FOR MORE INFORMATION, CONTACT:

Laura Fischer

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