



Superior Ice Rink

proudly presents

2016-2017 Fall/Winter

Mini-Mites

Ice Hockey Program

For ages 7 and under

**REGISTRATION WEEKEND
AUGUST 20 & 21
SAVE \$\$\$
ON ALL SUPERIOR PROGRAMS**

What's it all about?

This program is for those players who are a little young for our Rec league, but want to have some real live ice hockey game fun. Prior or current skill development clinics experience strongly recommended.

Features

- ☆ 15 Week Program
- ☆ Space limited to four teams only. (Each applicant will be assigned to a team.)
- ☆ All teams will play every Monday 6:00 pm – 7:15 pm.
- ☆ All players will receive a team jersey to keep.
- ☆ Coaches will be experienced and knowledgeable in ice hockey.
- ☆ Trophies for all participants.

Mondays 6:00 —7:15 PM

WHEN?

Session 1— Starts September 12, 2016—Ends December 19, 2016

Session 2— Starts January 2, 2017—Ends April 17, 2017

HOW MUCH?

Cost: \$345 per Session

Pay on or before registration weekend, Saturday, August 20 and Sunday, August 21

Early Registration Discount Pay Only \$305



**Mini-Mite Clinic/3v3 Pond Hockey Cost \$25.00 per session
When? August 29 and December 26th**

(If not a current USA Hockey Member – Additional \$43.00 required, Register Online)

Email USA Hockey Confirmation Number to Renee@SuperiorIceRink.com

Full Equipment Required—Full Payment with Application

Application/Registration Form

Send application to: Superior Ice Rink, 270 Indian Head Road, Kings Park, NY 11754 – 631-269-3900

Print Name _____ Birth Date _____ Cell _____

E-mail address _____

Print Address _____

City _____ State _____ Zip _____

Age _____ NEW _____ Returning _____

EACH PLAYER MUST BE COVERED BY THEIR OWN MEDICAL INSURANCE AND SIGN USA HOCKEY INSURANCE FORM

Parent/Guardian Signature _____

Print Parent Name: _____

NO REFUNDS OR MAKE UPS FOR MISSED SESSIONS OR GAMES

For Office Use Only

Date: _____

Amt. Rec. _____

Cash _____ Check _____ CC _____

USA Member _____ YES _____ NO

MGR _____

**2016-17 Fall/Winter Mini-Mite Program
Did You? 1. Sign waiver on back? 2. Enclosed full payment?**

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Superior Ice Rinks athletics/sports programs, and related activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participate that prior to participating he or she should inspect the facilities and the equipment used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understanding that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result not only from their actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Superior Ice Rink, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, ad, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE UNDERSTAND THAT I/WE GIVE UP THE SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent or Guardian Signature: _____ Date: _____

Printed name of parent or guardian: _____