



# Superior Ice Rink

*proudly presents*

2017-2018 Fall/Winter

## Mini-Mites

### Ice Hockey Program

For ages 7 and under

**REGISTRATION WEEKEND  
AUGUST 19 & 20  
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 11, 2017—Ends December 18, 2017**

**Session 2— Starts January 8, 2018—Ends April 16, 2018**

**HOW MUCH?**

**Cost: \$345 per Session—Pay on or before registration weekend  
Early Registration Discount Pay Only \$305**



**Mini-Mite Clinic—When? August 28 —Cost \$25.00 per session**

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

Email USA Hockey Confirmation Number to [Renee@SuperiorIceRink.com](mailto: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 \_\_\_\_\_

**2017-18 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: \_\_\_\_\_