



## 2010 FICHL SPRING SELECT HS JR. VARIETY HOCKEY LEAGUE

THE FICHL IS A FULLY INCLUSIVE LEAGUE AND OFFERS PLAYERS OF ALL SKILL LEVELS THE CHANCE TO PLAY AND DEVELOP HOCKEY SKILLS IN A FUN AND INFORMAL GAME SETTING

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WWW.FAMILYICE.ORG**



### 2010 FICHL Spring Select HS Junior Varsity Hockey League

This fun and informal hockey league is now accepting player registrations and will accommodate a maximum of 60 players in the four team league. Players presently in 8th or 9th grade with limited HS level experience are eligible to participate. Player registration fee is \$120 (payable in advance) and includes an 8 game season, FICHL team jersey, on & off ice officials and an on-site FICHL league administrator for all games.

**Games every Friday at 7:20 & 8:30pm**

**April 16th, 30th May 7th, 14th, 21st & 28th June 4th, 11th\*\***

### **2010 SPRING SELECT HS Jr. Varsity League Details**

The league will accept the first 60 applications received with payment.

Registration deadline is April 1st.

Final rosters & game schedules will be posted on April 9th.

The league will attempt to group players from the same school together wherever possible with the goal of creating four balanced and competitive teams.

Payment must accompany registration form.

### **Player Registration Information**

PLAYER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ EMAIL: \_\_\_\_\_ HS Class: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT NAMES: \_\_\_\_\_ PHONE #s: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

By signing this waiver and completing the player registration profile I acknowledge that the information above is accurate and acknowledge and accept the inherent risks and liability of participating in the 2009 FICHL Spring Select Squirt League. I waive Family Ice, its employees, officers and all league officials of all liability with respect to injury and agree to abide by all league rules and on/off ice conduct policies.

**Payment Method** (please circle one) : Cash, Personal Check (made payable to Family Ice Center), Visa or Mastercard

Name: \_\_\_\_\_ Credit Card # & code \_\_\_\_\_ Exp Date \_\_\_\_\_

**Payment and application can be mailed to: Family Ice Center PO Box 6127 Falmouth, ME 04105-6127**