



2010 FICHL SPRING SELECT HS 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

**FMI PLEASE VISIT OUR WEBSITE AT
 WWW.FAMILYICE.ORG**



2010 FICHL Spring Select HS Varsity Hockey League

This fun and informal hockey league is now accepting player registrations and will accommodate a maximum of ten teams in the division. Players presently in 9th, 10th and 11th grade with HS level experience are eligible.

Player registration fee is \$120 (payable in advance) and includes a 9 game season (teams play once p/week), FICHL team jersey, on & off ice officials and an on-site FICHL league administrator for all games.

Weekly games—Sun 4:20-9:00pm & a single each game Mon 8:30pm
April 18th & 25th May 2nd, 9th, 16th, 23rd & 30th June 6th & 13th

2010 SPRING SELECT High School 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 5th.
 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.
 League rules and game format info can be found at www.familyice.org

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