



2010 FICHL SPRING SELECT MIDDLE SCHOOL HOCKEY LEAGUE

THE FICHL IS A FULLY INCLUSIVE HOCKEY 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**



Family Ice Center is pleased to announce the return of the **2010 FICHL Spring Select Middle School Hockey League**. This fun and informal hockey league is now accepting team registrations and will accommodate a maximum of six teams. Players presently in 5th, 6th & 7th grade are eligible to participate.

Team registration fee is \$1,500 p/team and includes a 9 game season, FICHL team jersey, on & off ice officials and an on-site FICHL league administrator for all games.

All games will be played on Saturdays at 5:30pm, 6:40pm & 7:50pm.

2010 Spring Select Middle School League season runs from April 17th thru June 19th.

Individual registrations will be accommodated on a space available basis ONLY! - \$120 p/player

2010 Spring Select Middle School League Details

The league will accept the first 8 team applications received.

Registration deadline is April 1st.

Final rosters & game schedules will be posted on April 5th.

The league will attempt to place any individual players on a team on a space available basis.

Team Rosters must be submitted to the final selection committee by April 6th.

INDIVIDUAL Player Registration Information *(Individual registrations accepted on a space available basis only)*

PLAYER NAME: _____ ADDRESS: _____

PHONE: (h) _____ EMAIL: _____ 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