



Cape Cod Summer Hockeyfest Boys High School Division

Monday Nights

June 24 - August 19, 2019

8 Game Schedule

No Games July 1, 2019

Twin Rinks at Hyannis Youth Community Center

Championship Game: August 19, 2019

Only 2019-20 Freshmen, Sophomore, Junior, and Senior High School Boys

8 Team League / USA Hockey Rules and Officials

All players must be a Member of USA Hockey

*All players must return a copy of their USA Hockey membership with their registration form and fee.

Email: cchockeyfest@gmail.com

"No Walk-ons"

2019 Registration Form BYHA CCSH Boys High School Division Monday Nights:

Parent / Guardian Signature

Last Name:	D1
Mailing Address:	
Town:	State:
Zip Code:	Email:
Home Phone:	T
2019-20 Name of High School:	• •
USA Hockey Member: * Mail in a (USA Hockey memberships may be obtained by contactin	copy of your membership with this form *
2019-20 HS Grade: (* No post-grads and No Grade 8 *) HS Freshmen	HS Sophomore HS Junior HS Senior
Position: Forward I	Defense Goal
(Remember to Sign Bottom)	
Each player will receive a Game Jersey and Game S All players will be contacted 5 days via Email befor Mouthguards, Full Face masks, Ear Flaps, and All Fees are Non-Refundable. Please use your canc Game times 7:00 and 8:00 PM / All games played a Please make all checks payable to: (O Please return all forms to:	re the season begins as to their time of first game. I Certified Helmets are required. celled check as confirmation. Alternate dates may be used if arena closes. It Hyannis Youth Community Center.
Follow us at Twitter: @cchockeyfest	smarr.com / wobsite. http://odshockeyiest.tripod.com
In consideration of my child being allowed to partic Summer Hockeyfest Boys High School Division, relate undersigned, acknowledge, appreciate, and agree that the including the potential for permanent paralysis and death the risk, the risk of serious injury does exist, and I knowin participation in the BYHA Cape Cod Summer Hockeyfe releasees or others, and I assume full responsibility for my responsibility for this participant, do consent and agree to heirs, assigns, and next of kin. I release and agree to inde Center, HYCC employees, League coaches, officials, and child's involvement or participation in the BYHA Cape even if arising from the negligence of the releasees, to treatment deemed necessary by emergency room physicia for any illness or injury resulting from his participation in medical physician within the last three hundred and sixty	d Indemnity Agreement: cipate in any way in the Barnstable Youth Hockey Association, Cape Code devents and activities at the Hyannis Youth Community Center, I, the erisk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce gly and freely assume all such risks, both known and unknown of my child's est Boys High School Division, even if arising from the negligence of the ychild's participation. This is to certify that I, as parent/guardian with legal to his/her release as provided above of all the releasees, and, for myself, my emnify and hold harmless the releasees (BYHA, Hyannis Youth Community distaff), and USA Hockey from any and all liabilities incident to my minor Cod Summer Hockeyfest Boys High School Division, as provided above, the fullest extent permitted by law. I hereby give my consent for medical ans and/or for the transportation to a hospital emergency room for treatment in this program. I attest that my child has had physical exam performed by a y days of my signature and has been cleared to participate in any physical at I have health and dental insurance and will be responsible for all medical prepare the claims.

Date ← Sign Here