



 **2019 BYHA** 
CAPE COD SUMMER HOCKEYFEST
SQUIRT-PEEWEE DIVISION

BIRTH YEARS 2006, 2007, 2008, 2009, 2010

WEDNESDAY NIGHTS
JUNE 26 - AUGUST 21, 2019
7 GAME SCHEDULE

NO GAMES JULY 3, 2019
NO GAMES AUGUST 7, 2019

• NO CHECKING / SKILL DEVELOPMENT LEAGUE *

TWIN RINKS AT HYANNIS YOUTH COMMUNITY CENTER

CHAMPIONSHIP GAME: AUGUST 21, 2019
BOYS AND GIRLS ARE ELIGIBLE

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 Squirt-Pee wee Division Wednesday Nights:

Last Name: _____ Player First Name: _____

Mailing Address: _____

Town: _____ State: _____

Zip Code: _____ Email: _____

Home Phone: _____ Emergency Phone: _____

2019-20 Youth Hockey: _____ Date of Birth: _____

USA Hockey Member: * Mail in a copy of your membership with this form *

(USA Hockey memberships may be obtained by contacting usahockey.com website)

Birth Year: 2006 2007 2008 2009 2010

Position: Forward Defense Goal ***(Remember to Sign Bottom)***

Cost: \$190.00 / No Walk-ons / All Fees Non-Refundable

Players are welcome from all towns. League enrollment is limited. Registration is offered first come first serve basis.

All players must pay in full. **No pay per game allowed. No non-roster player substitutions.** No Grade 5 or Grade 9 Players.

Summer Hockeyfest sells out before the first game each year. Do not miss out – Mail in your registration form as soon as possible!

Each player will receive a Game Jersey and Game Schedule at their first game.

All players will be contacted 5 days via Email before the season begins as to their time of first game.

Mouthguards, Full Face masks, **Ear Flaps**, and Certified Helmets are required. **No Checking**

All players must send in a copy of their USA Hockey membership. Alternate dates may be used if arena closes.

All Fees are Non-Refundable. Please use your cancelled check as confirmation. Alternate dates may be used if arena closes.

Game times 5:00 or 6:00 PM / All games played at Hyannis Youth Community Center.

Please make all checks payable to: **(CCSH) Cape Cod Summer Hockeyfest - \$190.00**

Please return all forms to: **CCSH
7 Jillian Drive Buzzards Bay, MA 02532**

More Information: Email: cchockeyfest@gmail.com / Website: <http://ccshockeyfest.tripod.com>

Follow us at Twitter: **@cchockeyfest**

Waiver and Indemnity Agreement:

In consideration of my child being allowed to participate in any way in the Barnstable Youth Hockey Association, Cape Cod Summer Hockeyfest Squirt-Pee wee Division, related events and activities at the Hyannis Youth Community Center, I, the undersigned, acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the BYHA Cape Cod Summer Hockeyfest Squirt-Pee wee Division, even if arising from the negligence of the releasees or others, and I assume full responsibility for my child's participation. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the releasees (BYHA, Hyannis Youth Community Center, HYCC employees, League coaches, officials, and staff), and USA Hockey from any and all liabilities incident to my minor child's involvement or participation in the BYHA Cape Cod Summer Hockeyfest Squirt-Pee wee Division, as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in this program. I attest that my child has had physical exam performed by a medical physician within the last three hundred and sixty days of my signature and has been cleared to participate in any physical activities and/or athletic games or activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered or not covered by my health insurance policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son/daughter be expelled from the BYHA Cape Cod Summer Hockeyfest Squirt-Pee wee Division, program for disciplinary reasons. BYHA Cape Cod Summer Hockeyfest Squirt-Pee wee Division, reserves the right to use any pictures and videos taken during the games for research, instruction, and/or advertising purposes. I agree not to leave my child and/or children, family, and travel party unsupervised before, during, and after any and all activities associated with the BYHA Cape Cod Summer Hockeyfest Squirt-Pee wee Division, and programs. I understand game schedules may change if HYCC ice issues arise. I intend this instrument to take effect as a sealed instrument.

Parent / Guardian Signature

Date

← Sign Here