



Hockey Development Co.

Baltimore Area Alumni Adult Hockey League

When: Wednesdays, June 23rd through August 25th, 2010

Time: 8:30pm (9:15pm game starts on select dates)

Where: Ice World, 1300 Governor Ct, Abingdon, MD 21009 and
Reisterstown Sportsplex, 401 Mitchell Dr, Reisterstown, MD 21136

League Fee: ONLY \$260.00 per player

Details: League will be fully managed and maintained by the Tomorrow's Ice staff, and is intended for adult aged players who attended Baltimore area high schools which have team representation in the league. Player eligibility is based on criteria determined by the league committee under supervision of Tomorrow's Ice management. Program highlights and features will include:

- Team Jerseys with logo
- Referees and scorekeeper
- Complimentary bottled water provided at each game
- 10 week game schedule (includes play-offs and championship game)
- League statistics

Registration Info: Please complete this registration form, sign and send method of payment to:
Tomorrow's Ice Balt. Alumni League c/o Mike Shramek, 725 Rosecroft Court Forest Hill, MD 21050
or register on-line at www.tomorrowsice.com

Player Name _____ DOB _____
Street Address _____ City _____ ST _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
Team/School Affiliation _____
Emergency Contact (Name and Phone) _____

ASSUMPTION OF RISK AGREEMENT AND RELEASE

Upon entering events sponsored by Tomorrow's Ice Hockey Dev. Co., Inc. ("TI") and/or agents or affiliates, I/We agree to abide by the rules of TI. I/We understand that participation of the sport constitutes a risk of serious injury or death. I/We voluntarily and knowingly recognize, accept, and assume this risk and release Tomorrow's Ice Hockey Dev. Co., Inc., event organizers and skating professionals from any liability therefore.

Signature of Parent/Guardian

Date

Payment Information

Make checks payable to: **Tomorrow's Ice**

Method of Payment: cash ___ check# _____

Credit Card Type: VISA MC AMEX DISC

Card# _____ Exp. Date _____

Authorization Code (from back of card) _____

Signature of Card Holder _____

Questions or Inquiries: Please contact Mike Shramek by phone 410-877-4808
or email coachmike@tomorrowsice.com