



Hockey Development Co.

# JV Spring Ice Hockey League

**When:** Tuesday, April 26 through Monday, June 6, 2011 (No Games May 2, 3, or 30)

**\*Practice/Evaluation skate for all players on opening night... Tuesday, April 26<sup>th</sup> at 6:45pm**

**Time:** 6:45pm or 7:55pm (Mondays and Tuesdays Only)

**Where:** Ice World - Located at 1300 Governor Ct, Abingdon, MD 21009

**League Fee: ONLY \$270.00 per player (Goalie Fee-\$190 per goalie)**

**Details:** League will be fully managed and maintained by the Tomorrow's Ice staff, and is intended for both boy and girl players in 8<sup>th</sup> through 11<sup>th</sup> grades (7<sup>th</sup> grader eligibility will be considered on a case by case basis to be determined by the TI staff based on factors such as skill level and size. TI reserves the right to permit or deny player eligibility). Players must have previous playing experience. Program highlights and features will include:

- Team Jerseys
- Referees and scorekeepers
- 1 practice/evaluation session
- 8 game regular season
- No playoffs or individual stats kept
- This is a NO Body Check League
- **Emphasis will be on skill development and FUN!**

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

Player Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Current Team and Level \_\_\_\_\_  
 Parents or Guardian Name \_\_\_\_\_  
**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](mailto:coachmike@tomorrowsice.com)