



## Glenview Stars 2010 Summer Skates



**WHO:** Mite (2002 and younger) Squirt ('00-'01') PeeWee ('98-'99) Bantam ('96-'97)

**WHAT:** Five **60-minute** time slots consisting of a combination of skills and exciting scrimmage sessions. Sessions will be run by the Fall Coaches. This program is designed to keep your player skating while being easy on the Budget. For those who want even more ice time, take a look at the Glenview Park Districts weekend skills and 3 on 3 offering as a supplement to this program.

**WHERE:** Mites and Squirts will be held at the **North Shore Ice Arena**  
PeeWees/Bantams will be held at the **Glenview Ice Center**

**WHEN:**

- **Mites-Sundays** 8:30-9:30 a.m. (7/11, 7/18, 7/25\*, 8/1, 8/8) **\*8 a.m. start on 7/25**
- **Squirts-Sundays** 9:40-10:40 a.m. (7/11, 7/18, 7/25\*, 8/1, 8/8) **\*9:10 a.m. start on 7/25**
- **PeeWee/Bantams-Tuesdays** 6:50-7:50 p.m. (7/6, 7/13, 7/27, 8/3, 8/10)

**FEE:** \$100 for any 4 sessions, your 5<sup>th</sup> one is **Free** with paid registration...

### **GLENVIEW STARS 2010 SUMMER PROGRAM REGISTRATION FORM**

Player Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parents' Names: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Visa/Master Card# on card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_

Checks payable to The Glenview Stars: Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

#### **Release and Hold Harmless Agreement**

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the above program/programs

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any or all activities connected or associated with such program/programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Glenview Ice Center, NSIA, Glenview Stars, and any of the officers, agents, member, servants and/or employees of the mentioned entities.

I further agree to indemnify and hold harmless and defend Glenview Ice Center, NSIA, Glenview Stars Hockey Association and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all civil claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program/programs.

In the event of any emergency, I authorize the Glenview Ice Center, NSIA, and Glenview Stars officials to secure from any licensed hospital, physician and/or medical personnel and any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to the **Glenview Stars, 1851 Landwehr Rd. Glenview, IL 60026**  
by **June 30<sup>th</sup>, 2010.**

