

MITES

Fall League Format For Mite Age Players

- 3 on 3 format for all games
- More puck touches
- Compete against similar talent
- Skill development
- Smaller teams

Skills & Drills Dates
Tuesday, August 19
Thursday, August 21
Tuesday, August 26
Thursday, August 28
Tuesday, Sept. 2
Thursday, Sept. 4

Times and locations of Skills & Drills will be posted on the St. Cloud Youth Hockey website.

Teams will be formed at the end of skills and drills and then games will begin. Teams will be posted on the St. Cloud Youth Hockey website.

www.stcloudhockey.com



LEAGUE DESCRIPTION

Each boy's fall league hockey team will have 1 practice and 8 games from August 10th through September 18th. Girls teams will have 9 sessions, half Skills/Drills, half 3 on 3. Mite teams will have 6 sessions of Skills/Drills and 7 games. Final dates will be established based on total registration. The league schedule, league rules and team rosters posted on our website www.stcloudhockey.com prior to the start of the league.

League eligibility will be based on MN Hockey age guidelines. This will be the child's age as of June 30, 2014. No player will be allowed to play down a level. Parent requests to have their child play up a level will be reviewed by staff on an individual basis. Only registered players will be allowed on the ice.

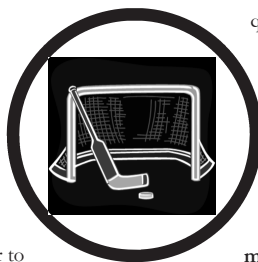
The goal of Central Lakes Fall Hockey League is to provide a safe and fun experience for all participants. The staff and referees will not tolerate unsafe hockey play or use of obscene/abusive language and reserve the right to suspend or expel, without refund, any player, coach or parent for violation of either.

COACHING STAFF

Central Lakes Premier Fall Hockey League teams will be coached by experienced travel and house league coaches from the central lakes area. All are enthusiastic and genuinely want to see players improve their hockey & team skills.

INSURANCE

Each player is required to provide proof of insurance coverage under his/her parent(s)' health insurance program.



TEAM SELECTION

Central Lakes Premier Fall Hockey League requires that each player list the level of hockey they played in the previous year. Our staff will do our best to accurately assign a balanced number of A, B, and C level players to each team. **A maximum of 2 players outside the St. Cloud area can be requested on the same team for carpooling convenience.** We will make every attempt to ensure at least one request is granted.

EQUIPMENT REQUIREMENTS

In order to ensure a safe, positive and high quality league experience, each player will be required to wear the following HECC approved ice hockey equipment: Helmet, full face mask, internal mouth guard, shoulder pads, elbow pads, hockey gloves, hockey breezers, protective cup/pelvic protector, shin pads, hockey stick. A HECC approved throat protector, is also recommended, although it is not mandatory for participation

Goalie equipment will only be provided at the mite level. Goalies at other levels must provide their own equipment or contact their sponsoring association for equipment prior to starting fall league. Goalies will be required to wear the follow HECC approved ice hockey equipment: Helmet, full face guard, throat protector, internal mouth guard, arm pads, chest protector, goalie pads, goalie catch glove, goalie blocker, hockey breezers, goalie cup/supporter, and a goalie stick.

ARENAS

Municipal Athletic Complex 5001 8th St N St. Cloud (320)255.7223	National Hockey Center 1204 4th Ave S St. Cloud (320)308.3327
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REGISTRATION/ FEES/TEAM ASSIGNMENTS

The closing date for registration is July 23, 2014. Registrations received after the deadline will be assigned to a team/group based on availability. In the event that registrations exceed the number of available positions, fees will be refunded. The postmark on the envelope will be used to determine registrant's eligibility. Team assignments will be posted on SCYHA Website (www.stcloudhockey.com) by **August 5th, 2014**. Payment in full is due with your registration. **Any late registrations postmarked after July 23, 2014, are subject to a \$20 late fee.** No requests for refunds will be honored after July 30, 2014, unless accompanied by a statement signed by a physician indicating the player cannot participate due to health reasons.

MITE - \$150 **(SEE DETAILS)**

6, 7 & 8 YEAR OLDS AS OF 6/30/14
6 SESSIONS **SKILLS/DRILLS**
7 - 1 HOUR GAMES

SQUIRT - \$150

9 & 10 YEAR OLDS AS OF 6/30/14
1-PRACTICE.
8 - 1 HOUR GAMES

PEEWEE - \$150

11 & 12 YEAR OLDS AS OF 6/30/14
1-PRACTICE.
8 - 1 HOUR GAMES

GIRLS - \$160

9 - 15 YEAR OLDS AS OF 6/30/14
(9) 1 HOUR 15 MINUTE SESSIONS
SKILLS/DRILLS & 3 ON 3 GAMES
NO TEAM ASSIGNMENTS

BANTAM - \$160

APPLICABLE BIRTH DATES FOR BANTAM ELIGIBLE
07/01/1999—06/30/2001
1-PRACTICE.
8 - 1 HOUR 15 MIN GAMES

Central Lakes Premier Fall Hockey League

Player Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Date of Birth: _____ Age as of 6/30/14: _____ Male _____ Female _____

Home Hockey Association: _____

Team Played in 13-14 Season (circle one): Jr. Mite Mite Squirt/U10 Pee wee/U12 Bantam/U14

Level Played in 13-14 Season (circle one): A B B2 C

Registration Level:

_____ MITE (\$150) *13 hours _____ SQUIRT (\$150) _____ PEEWEE (\$150)

_____ BANTAM (\$160) _____ GIRLS (\$160)

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____

Health Insurance Company: _____ Policy Number: _____

Interested in coaching? _____ Yes Name: _____ Phone: _____

Previous levels coached? _____

Car Pool Requests: For players outside the St. Cloud Area only: NO Exceptions:

1. _____ 2. _____

Waiver and Release of Liability

By signing this form, I hereby agree that my child is medically fit to participate in the Central Lakes Premier Fall Hockey League. I hereby authorize the coordinator or coach to secure any medical treatment deemed necessary and release the Central Lakes Premier Fall Hockey League, St. Cloud Youth Hockey Association and the coaching staff from all claims, damages or liability for injuries which may arise as a result of or by reason of such accident.

Parent Signature: _____ Date: _____

Registration deadline is 7/23/2014. Please submit registration form and full payment to:

CLFHL/SCYHA
PO Box 1005
St. Cloud, MN 56302-1005
320-203-8905

GOALIE :

YES _____

NON-PROFIT
U.S. POSTAGE
PAID
PERMIT NO. 538
ST. CLOUD, MN 56302

Central Lakes Premier Fall Hockey League
A program of St. Cloud Youth Hockey Assn.
PO Box 1005
St. Cloud, MN 56302-1005



presents

**CENTRAL LAKES PREMIER
FALL HOCKEY
LEAGUE**

**Aug. 10
through
Sept. 18**

St. Cloud

**CENTRAL LAKES PREMIER
FALL HOCKEY LEAGUE**

*was established to provide Central
Minnesota youth a well balanced
pre-season preparation opportunity.*

*Our goal is to promote good
sportsmanship and fun in an
exciting league format at a reduced
cost to everyone.*

*We warmly welcome your child's
participation at any level!*

info@stcloudhockey.com
(320) 203-8905

Visit our Website at **www.stcloudhockey.com**