

2018 Summer Hockey Skills



Presented by BYHA at HYCC Twin Rinks
Boys and Girls from all towns welcome

Wednesday Nights

July 11 - August 22, 2018

No Skills August 8, 2018

6 Sessions

Mites	6:00 PM
Squirts and Peewees	7:00 PM

Email: cchockeyfest@gmail.com

Come join High School Hockey Coaches, Players, and Masscrease Goaltending!

Learn the skills necessary to succeed in hockey, while having fun.

All players must be a Member of USA Hockey

***All players that are not members of BYHA, must return a copy of their USA Hockey membership with their registration form.**



Wednesday Night Summer Skills presented by BYHA Registration Form:

Last Name: _____ First Name: _____
Mailing Address: _____ * Sign Below *
Town: _____ State: _____
Zip Code: _____ Email: _____
Home Phone: _____ Emergency Phone: _____
Circle Group: 1:Mite 2: SQ-PW Date of Birth: _____

**** No Skills August 8, 2018 ****

All Non-BYHA players, Please Mail in a copy of your USA membership with this form

Position: Forward Defense Goal (Masscrease Goaltending)

****(Remember to Sign Bottom)****

Players welcome from all towns and summer residents.

All players must pay in full. **Mite session is not a "Learn to Skate Program"**.

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

Enrollment is limited. Full Equipment for All players and Goalkeepers.

Cost: \$115.00 All players must send in a copy of their USA Hockey membership with their fee.

All Fees are Non-Refundable. Please use your cancelled check as confirmation. All sessions are at HYCC.

Please make all checks payable to: **BYHA**

Please return all forms to: **BYHA
Box 312
Hyannis, MA 02601**

More Information: Email: **cchockeyfest@gmail.com**

Waiver and Indemnity Agreement:

In consideration of my child being allowed to participate in any way in the BYHA Summer Skills, 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 Summer Skills 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 (Hyannis Youth Community Center, HYCC employees, coaches, officials, and staff), and USA Hockey from any and all liabilities incident to my minor child's involvement or participation in the BYHA Summer Skills, 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 policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son be expelled from the BYHA Summer Skills program for disciplinary reasons. BYHA Summer Skills, 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 Summer Skills. I intend this instrument to take effect as a sealed instrument.

Parent / Guardian Signature

Date

← Sign Here