

Adult Advanced Hockey League Fall-Winter 2019-2020

Call out to all Adult Advanced Hockey Players! There is still time to register for a spot on a fun co-ed team at the Menard! This League is geared toward the advanced recreational player. First session will be pro-rated for the remainder of the season \$20/game thru Dec. 15. Second session starts Dec. 22- Feb. 23 @ \$225 Includes round robin finals tournament & team jersey. Each player must be registered with USA Hockey at www.usahockeyregistration.com and attach the confirmation to this registration.

Season: October 6, 13, 20, 27 November 3, 10, 17, 24 December 1, 8, 15, 22, 29

January 5, 12, 19, 26 February 2, 9, 16, 23

Tournament: Feb 27, 28, 29 March 1

Game Times: Sunday nights: 6:45-7:45 pm/ 8 – 9 pm/ 9:15 - 10:15 pm

*Special considerations for sloper's schedule/player share *Register online and pay at the Menard Center or by phone

<u>Register online</u>: https://menardcenter.maxgalaxy.net. Payments must be made at the Menard Center 1001 S. Clapp St. Wasilla, Ak 99654. The Menard Center accepts Cash, Check, Visa or MasterCard. Checks made payable to: City of Wasilla. For more info: 357-9100.

Name:		Date of Birth: Pho		ne #	
Address:		City:	_ State:	Zip	
	Email:				

THIS MUST BE SIGNED BEFORE PLAYER CAN PARTICIPATE IN THE SPORTS CENTER PROGRAM!

RELEASE OF LIABILITY

I will abide by the rules of Curtis D Menard Memorial Sports Center. Recognizing the possibilities of physical injuries associated with sports I discharge any/or otherwise indemnify CMSC, its affiliated organizations and sponsors, their employees and associated personnel, against any and all claims. I hereby grant to the City of Wasilla, permission to reproduce my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements in any publication of the City of Wasilla intended for research, educational, promotional, fund-raising or other related use, including but not limited to, film broadcast, printed publications web pages and web-based publications, associated with the City of Wasilla.

MEDICAL RELEASE

Participant and/or participant's parent(s)/guardian(s) hereby give consent for emergency medical care prescribed by a duly licensed doctor, hospital or clinic for the above mentioned participant, for any injury that could arise from participation in the event.

				OFFICE USE ONLY:			
		CMMSC Fee		USAHockey 1	Member		
Signature	Date			·			
	Credit Card		Check		Cash		