



JERSEY SHORE WILDCATS DEVELOPMENTAL LEAGUE

(formerly "House League")



FALL SEASON STARTS **SEPTEMBER 22**

Contact:

BEN WESTON, WILDCATS HOCKEY DIRECTOR
BWESTON @ JERSEYSHOREWILDCATS.COM

- ✎ **New format: Fall season (September to December) and Winter season (January to March)**
- ✎ **Each season includes 10 GAMES and 10 PRACTICES including playoff (plus 2 evaluation sessions)**
- ✎ **Program run in accord with USA Hockey ADM principles with USA Hockey certified coaching staff (www.admkids.com)**
- ✎ **Practices run under the guidance of the Wildcats Hockey Director, Ben Weston, with an emphasis on skill development in players**
- ✎ **Non-checking format at all levels**
- ✎ **Wildcat "D League" jerseys and socks provided**
- ✎ **"Full Season" (Fall & Winter) Tuition: (Goalies receive 50% discount):**
 - 8U Mites (2010 and Younger): \$900**
 - 10U Squirts - 18U Midgets (2009 - 2000): \$1150**
- ✎ **Fall or Winter single season registration available**



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REGISTRATION FORM

Deliver to:

**BEN WESTON, WILDCATS HOCKEY DIRECTOR
BWESTON@JERSEYSHOREWILDCATS.COM**

Player Name:	_____	DOB:	_____
Address:	_____	Phone:	_____
Email:	_____	USA Reg. No.:	_____
Jersey Size: (Circle one)	XL L M S YXL YL YM YS	Sock Size: (Circle One)	20" 24" 28"

CIRCLE SEASON OPTION:

	8U Mites (2010 & younger)	10U Squirts - 18U Midgets (2009 - 2000)
FULL SEASON (Sep to Mar)	\$900	\$1150
Fall Season Only (Sep to Dec)	\$475	\$625
Winter Season Only (Jan to Mar)	\$475	\$625

PAYMENT OPTIONS:

- Check or Money Order, payable to MYHA
- Credit Card (Credit Card payments will be processed via separate invoicing to the email noted above, and are subject to an additional 3% processing fee)

WAIVER

I hereby give my approval for the enrolled player to participate in the Jersey Shore Wildcats Developmental League. I assume all risks inherent to such participation and further release, absolve, indemnify and hold harmless Monmouth Youth Hockey Association d/b/a Jersey Shore Wildcats for any such claim arising out of injury or subsequent care, attention, or treatment to the player. I expressly authorize and request that the Wildcats and its coaching staff or any agent of the organization to act for me and on my behalf according to his or her best judgment in any emergency or injury to my child requesting paraprofessional or professional medical attention or treatment in the event that I am not available or cannot be reached.

Parent / Guardian Name: _____ Date: _____

Parent / Guardian Signature: _____

Do you have an interest in volunteering to help the club with the developmental league? Yes / Possibly / No