



2019 BYHA



Cape Cod Summer Hockeyfest

Girls High School plus Division

Tuesday Nights

June 25 - August 20, 2019

8 Game Schedule

No Games July 2, 2019

Twin Rinks at Hyannis Youth Community Center

Eight Team League / USA Hockey Rules
Championship Game: August 20, 2019

2019-20 High School Girls plus
(includes 2019-20 Grade 7-8 and U19 Senior Grads)

All players must be a Member of USA Hockey

*** All players must return a copy of their USA Hockey membership with their registration form and fee.**

Email: cchockeyfest@gmail.com

"No Walk-ons"

2019 Registration Form

BYHA CCSH Girls High School plus Division Tuesday Nights: **(Remember to Sign Bottom)**

Last Name: _____ **Player First Name:** _____

Mailing Address _____

Town: _____ **State:** _____

Zip Code _____ **Email:** _____

Home Phone _____ **Emergency Phone:** _____

2019-20 High School Name : _____ **Date of Birth:** _____

USA Hockey Member: * Mail in a copy of your membership with this form *

(USA Hockey memberships may be obtained by contacting usahockey.com Website.

2019-20 Grade: Grade 7/8 Freshwomen Sophomore Junior Senior U19-Senior

Position: Forward Defense Goal

2019 Senior High School Girls can participate if they are U-19 age. **(Remember to Sign Bottom)**

Cost: \$215.00 / No Walk-ons / All Fees Non-Refundable

Players are welcome from all towns. CC Summer Hockeyfest sells out each year before the first game every year. Do not miss out! Please contact the CCSH by email if interested in being added to a team.

All players must pay fee in full. No pay per game allowed. No Walk-ons. No non-roster player substitutions.

Each player will receive a Game Jersey and Game Schedule at their first game.

All players will be contacted 5 days via Email before the season begins as to their time of first game.

Mouthguards, Full Face masks, **Bar Flaps**, and certified helmets are required. Alternate dates may be used if arena closes.

Game times 7:00, and 8:00 PM / All games played at Hyannis Youth Community Center

Please make all checks payable to: (CCSH) Cape Cod Summer Hockeyfest - \$215.00

Please return all forms to: CCSH 7 Jillian Drive / Buzzards Bay, MA 02532

More Information: Email: cchockeyfest@gmail.com / Website: http://ccshockeyfest.tripod.com

Follow us at Twitter: @cchockeyfest

Waiver and Indemnity Agreement:

In consideration of my child being allowed to participate in any way in the Barnstable Youth Hockey Association Cape Cod Summer Hockeyfest Girls High School Division, 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 Cape Cod Summer Hockeyfest Girls High School Division, 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 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 (BYHA, Hyannis Youth Community Center, HYCC employees, team coaches, officials, and staff), and USA Hockey from any and all liabilities incident to my minor child's involvement or participation in the BYHA Cape Cod Summer Hockeyfest Girls High School Division, 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 her 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 health insurance policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my daughter be expelled from the BYHA Cape Cod Summer Hockeyfest Girls High School Division, program for disciplinary reasons. BYHA Cape Cod Summer Hockeyfest Girls High School Division, 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 Cape Cod Summer Hockeyfest Girls High School Division, and programs. I understand game schedules may change if HYCC ice issues arise. I intend this instrument to take effect as a sealed instrument.

Parent / Guardian Signature

Date

← **Sign Here**