

2009 - 2010 NORTH STARS



UPDATED 09/09/09

IN-HOUSE HOCKEY PROGRAM & CLUB EVENTS

WELCOME TO THE CALIFORNIA NORTH STARS HOCKEY CLUB

Mini-Mite / Mite Squirt / PeeWee & Bantam

Program fees - **\$375.00** per session

(Late sign-up are pro-rated at: Oct \$300. /Nov \$225./ Dec \$150.)

3 Sessions Offered Annually

Fall (Sept - Dec) Winter (Jan - Apr) & Summer (May - Aug)
(price includes 1 house team jersey and socks per year)

This developmental / recreational program may include visiting other rinks to play other In-house teams when possible, traveling only one time per month, see www.WIHL.org for more information. There may be additional entry fees to cover any In-house level tournaments that may be offered over the season.

The California North Stars Hockey Club's **home ice** is at **Sacramento's Iceland Skating Rink** 1430 Del Paso Blvd. - 1/2 Block west of Arden Way, Sacramento, Phone: 916-925-3121.

Please note the following:

USA Hockey insurance is required by all participants, available on line at: www.usahockey.com. Full hockey gear is required, (Mini-Mites only need basic safety gear to start: bike knee & elbow pads, helmet & mittens). A **\$50.00 discount** is available for 2nd family member and Goalies. Only one discount per family, no partial plan is available at this time.

Late sign-up discounts will not be applied.

Mini-Mite (5 & under) Mite (8 & under)
Squirt (10 & under) PeeWee (12 & under)
Bantam (14 & under) Midget (18 & under)

Mondays ice times

Mini-Mite / Mite Practice: 5:30 - 6:30 PM
Squirt / PeeWee / Bantam Practice: 6:45 - 7:45 PM

Saturdays ice times

Mini-Mite / Mite Scrimmage: 9:45 - 10:45 AM
Squirt / PeeWee / Bantam Scrimmage: 8:30 - 9:30 AM

Season Schedule

SEPT

* **Fall Sign-ups - 12th***
12th, 14th, 19th, 21st, 26th, 28th

OCT

10th, 12th, 17th, 19th, 24th, 26th

NOV

7th, 9th, 14th, 16th, 21st, 23rd

DEC

5th, 7th, 12th, 14th, 21st

JAN

* **Winter Sign-ups - 4th***
4th, 9th, 11th, 23rd, 25th, 30th

FEB

8th, 13th, 15th, 20th, 22nd, 27th

MAR

6th, 8th, 13th, 15th, 20th, 22nd

APR

5th, 10th, 12th, 17th, 19th, 24th

* **DATES & TIMES SUBJECT TO CHANGE ***

FOR MORE INFORMATION ABOUT THIS PROGRAM PLEASE CONTACT **JOHN THOMPSON** AT: 707-318-1687 OR VISIT US ON THE WEB AT: WWW.CNSHOCKEY.COM

GO NORTH STARS!

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CALIFORNIA NORTH STARS 2009 - 2010 IN-HOUSE HOCKEY REGISTRATION FORM

SESSION - PLEASE CIRCLE ONE:

Sorry - no refunds

FALL

WINTER

SUMMER

PLAYER' NAME _____ BIRTH DATE ___/___/___

PARENT'S / GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE(S) _____

E-MAIL(S) _____

PLEASE CIRCLE LEVEL PLAYED IN 2008 - 2009

NONE

LEARN-TO-SKATE

IN-HOUSE

HIGH SCHOOL

TRAVEL

HOCKEY CLUB / TEAM PLAYED FOR IN 2008 - 2009 _____

USA HOCKEY INSURANCE / REGISTRATION NUMBER _____

NOTICE OF WAIVER

The parent/guardian of player listed herein, acknowledges and fully understands that each participant will be engaging in activities that involve risks of serious injury or death which might result from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. In addition, that there may be other risks not known to CNS Hockey Inc., J&T Designs, Iceland Skating Rink, or any of its representatives, board members, officers, volunteers, sponsors, property owners or others not reasonably foreseeable at this time. I (the under signed) assume all risks and hazards incidental to such participation, including transportation to and from the activity and do hereby release, waive, discharge, absolve, indemnify and agree to hold harmless, covenant not to sue, CNS Hockey Inc., J&T Designs, John Thompson and family, Iceland Skating Rink, its affiliated corporations or partnerships, clubs, their respective administrators, board members, directors, officers, agents coaches and other employees of the organization, other participants, sponsors, and if applicable, owners and lessees, and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses and or damages on account of injury caused or alleged to be caused, in whole, or in part, by the negligence of the releasees or otherwise. I also give consent to administer first aid and emergency transportation to the nearest available medical facility. It is further understood, that my signing of this registration form indicates that I have read this registration form and fully agree with the statements contained within. I understand that I have given up substantial rights by signing it and sign it voluntarily.

PRINT PARENT NAME _____

SIGN PARENT NAME AND DATE _____

CALIFORNIA NORTH STARS HOCKEY CLUB IS A NON-PROFIT YOUTH SPORTS ORGANIZATION

GO NORTH STARS!

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