

Discount

Families registering more than one child for Ice Hawks or In-House program will receive a \$50 discount per player on the 2nd player's deposit.

Example: \$325 + (\$325-\$50) = \$600.00 Deposit

Performance Training Off-Ice Program

Included in the Ice Hawks program, all players will benefit from off-ice workouts with Hatfield Ice Performance Training.

Sponsorship Opportunity

Help support the children in your community by placing your company's logo on the jersey of the players. With this support, your company will be seen by hundreds of people each time the child wears their jersey.

Cost: \$100.00

Cancellation & Credit Policy

NO REFUNDS OR CREDITS
WILL BE ISSUED FOR THIS
HATFIELD ICE PROGRAM



Come Play in Our World!

Hatfield Ice
350 County Line Rd.
Colmar, PA 18915
www.hatfieldice.com



2018 - 2019

ICE HAWKS

LIGHT TRAVEL TEAMS



PEEWEE, BANTAM & MIDGET LEVELS

Hatfield Ice
350 County Line Road
Colmar, PA 18915
215-997-9797
www.hatfieldice.com

Ice Hawks Program

Hatfield Ice is proud to present the Ice Hawks Light Travel program for the 2018-2019 season. Teams will participate in the Delaware Valley Hockey League's "THL" level. This program will provide ice time before and during the season to promote skill development, team unity and off-ice training to help players prepare for the upcoming season.

All Players interested must attend the evaluations and turn in ALL forms before stepping onto the ice. The players will be evaluated and will be placed either on a league team or on the practice squad.

Program Details

- Participation in the Delaware Valley Hockey League's "THL" (C Level Hockey)
- 20 Game Minimum (Home & Away)
- 30 On-Ice Practices @ Hatfield Ice or Hockey Heaven (Peewee/Bantam/Midget)
- **Tournaments:** Thanksgiving Weekend Tournament @ Hatfield Ice Included.
- Uniforms are NOT included in the cost and must be purchased separately through Hockey Heaven Pro Shop
- Post Season Skating & Pizza Party

Practice Squad

Are you a new to the game and looking to get the ice time needed to improve and eventually join a team? Sign up for the Ice Hawks practice squad.

- 30 Practices (Minimum)
- Cost: \$500 (Due with Application)
- Post Season Skating & Pizza Party

Cost & Payment Schedule

Total Cost to play for the Ice Hawks Light Travel Program is: **\$975.00 per player.**

- **\$500 deposit Due with Application**
- **\$250 Due by August 31st, 2018**
- **\$225 due by November 5th, 2018**

UNIFORMS: Not included in program cost. Jerseys and socks must be purchased through Hockey Heaven Pro Shop. All players MUST have Home & Away Jerseys and Gold socks.

Evaluation Dates/Times

Peewee Evaluations (2006 & 2007)

May 8th, 2018 6:00 - 7:00pm
May 15th, 2018 6:00 - 7:00pm

Bantam Evaluations (2004 & 2005)

May 8th, 2018 7:10 - 8:10pm
May 15th, 2018 7:10 - 8:10pm

Midget Evaluations (2000 thru 2003)

May 8th, 2018 8:20 - 9:20pm
May 15th, 2018 8:20 - 9:20pm

Registration Checklist

The following items must be turned in before stepping on the ice for evaluations:

- ___ Filled Out Program Brochure
- ___ USA Hockey Confirmation Page
- ___ Copy of Birth Certificate
- ___ (3) DVHL Code of Conduct Forms
- ___ Player Contract Forms
- ___ **1st Payment of \$500.00**
(Cash, Check, Visa, MasterCard, Discover)

All Players, including practice squad, must turn in a copy of their 2018-19 USA Hockey Confirmation Page, All DVHL Code of Conduct Forms, & copy of their Birth Certificate with this application. Players can register for USA Hockey online at:

www.usahockey.com

2018 - 2019 Ice Hawks Light Travel

Sign up for: (Please circle one)

Practice Squad \$500
Peewee (2006 & 2007) \$975
Bantam (2004 & 2005) \$975
Midget Combo (2000 - 2003) \$975

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-mail: _____

Any Medical Problems: _____

DOB: ____/____/____ Age: _____

Goalie? (Please Circle) YES NO

MEDICAL RELEASE FORM

I hereby authorize Hatfield Ice to make any and all decisions regarding the emergency treatment (based upon recommendation of a licensed physician)

Name: _____

And sign the necessary hospital form in order to obtain prompt release.

In case of an emergency, I can be reached at the following phone number:

Phone Number _____

Parent's Signature _____

NO REFUNDS OR CREDITS WILL BE ISSUED FOR THIS HATFIELD ICE PROGRAM

Make Checks payable to: HATFIELD ICE
Credit Card payments can only be made with a VISA, MASTERCARD or DISCOVER, in person, at Hatfield Ice.

In consideration of the participant being permitted to register and participate in this Hockey League at Hatfield Ice, we do hereby forever release and discharge its Directors, Agents, Employees and person or corporation or partnership connected here with from all manner of action, injury, damage, claims, or demands which will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Hatfield Ice. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that Hatfield Ice shall not be considered to guarantee or warrant such equipment as may be used in conducting said programs.

All applications require participant or parents signature.

Signature

Date