



4 on 4 Hockey

AT NOTTAWASAGA CENTRE ICE SPORTSPLEX
6015 HIGHWAY 89 ALLISTON, ONTARIO

April 10 - June 26, 2017 - Monday Nights

- 4 on 4 - 7& Under – Born in 2013/12/11/10***
- 4 on 4 Novice/Atom – Born in 2010*/09/08/07***
- 4 on 4 Bantam – Born in 2004*/03/02***

2010* on APPROVAL ONLY to play Novice/ Atom
 2007* on APPROVAL ONLY to play Peeewe
 2004* have option Peeewe or Bantam or BOTH
 2002* have option Bantam or Midget or Both

- 12 PLAYERS and 1 GOALIE per team • 12 GAMES Cost: \$283.19+ HST=\$320.00 • Times may vary pending registration
- Every minute the buzzer will go to change the lines • Non Contact: No icing: Fair Play: Touching the puck after the buzzer goes will be a penalty
- Penalty shot for any Penalties ~ 3 penalties in a game ~ player will be out of the game

We make every effort to balance teams prior to start of season using information provided

- Individual players may be reassigned to maintain a competitive balance

Where did you last play: Level and Centre? _____

What position are you signing up for? Player Goalie

Players Name: _____ **DD:MM:YR:** _____

Guardians Name _____

Address: _____ **City:** _____

Postal Code: _____

Cell # _____ **Home#** _____ **Email:** _____

Paid by: Cash Chq VISA M/C Amount Enclosed: _____

Request 1 friend to play with: _____

The undersigned parent of the above named child acknowledges that there is always risk of injury. I hereby release PUCKSHY, its officers, directors and employees, from all claims for injury or damages suffered by the child or the undersigned that may arise as a result of the Child's participation in the Puckshy program. I further agree to indemnify and save Puckshy, its officers, directors and employees harmless from all claims made by the child or any party in any way resulting from the Child's participation in the Puckshy Program.

VISA Number: _____ Expiry Date: _____

If paying by VISA or M/C please type or print the number and expiry date. Please note a fee of 3% will be added. VISA or M/C will accept this as your approval to process the charges listed above to your VISA or M/C account.

Read and Accepted: **SIGNATURE:** _____ **DATE:** _____

I wish to subscribe and receive email from Puck Shy YES NO SIGNATURE: _____

All registration fees are Non-refundable. HST No.859117798RT

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