



4 on 4 Hockey

AT NOTTAWASAGA CENTRE ICE SPORTSPLEX
6015 HIGHWAY 89 ALLISTON, ONTARIO

April 6 - June 22 2018 – Friday Nights

*****please note one Thursday April 13th*****

4 on 4 - Peewee – Born in 2008*/07/06/05*

4 on 4 - Midget – Born in 2003*/02/01/00

2008* On APPROVALONLY to play PEEWEE

2005* have option to play Peewee or Bantam or BOTH

2003* have option to play 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 for live change • 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 that 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 EMAIL\$ 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.

Must Sign Here : **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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