



8th Annual TOP SHELF HOCKEY SCHOOL 2012 SHOOTOUT SPRING HOCKEY LEAGUE

www.topshelfhockeyschool.com

Mites * Squirts * PeeWees * Bantams/Freshmen (boys only in B/Fr)

Players must enroll in the division they will be entering in the 2012 – 2013 season.

4 teams only in each division

15 players per team plus ONE goalie

9 games plus playoffs

Team Shirts and Socks will be provided

Players in the Top Shelf Shootout will enroll this spring season as single players and be placed on a team. Teams will be as evenly matched as possible, with all levels of abilities considered. Coaches will be selected by Top Shelf Hockey and will provide encouragement, positive enthusiasm, hockey knowledge, even playing time and a safe, fun, learning environment. USA Hockey rules and code of conduct for coaches, parents, and players will be enforced. All players MUST be registered with USA Hockey.

League Starts: Tuesday, April 24 2012

Playoffs: June 26,27,28 (Tues, Wed, Thurs.)

Game Nights Times:

Mites (boys and girls): Tues. OR Thurs. 6:00 PM
 Squirts (boys and girls): Tues. OR Thurs. 7:00 PM
 PeeWees (boys and girls): Tues. OR Thurs. 8:00 PM
 Bantams/Freshmen (boys only): Wed. 7:00 OR 8:00 PM

Game Location:

Hyannis Youth & Community Center
 141 Bassett Lane
 Hyannis, MA. 02601
 508-790-6345

Players must enroll in the division they will be entering in the 2012 – 2013 season

Registration Cost	Mite	Squirt	PeeWee	Bant/Fr
*If paid before Mar 15	\$190	\$190	\$190	\$200
After Mar. 15, 2011	\$200	\$200	\$200	\$210

Goaltenders need 1 year experience
or more
 (except for Mites)

***Reduced Rate if Paid IN FULL **\$50 Non-refundable Deposit ***ABSOLUTELY NO REFUNDS after April 15**

Questions:email psherbtes@topshelfhockeyschool.com

Enrollment for players and goaltenders is on a first come first served basis. Enrollment guaranteed only upon receipt of check with form below or online registration at www.topshelfhockeyschool.com. *No phone calls or emails will be accepted for enrollment.* Enrollment implies consent that player's image may be used on the Top Shelf Hockey School website and other promotional materials.

Make checks payable to: TOP SHELF HOCKEY SCHOOL, P.O. BOX 2756, HYANNIS MA 02601 508-778-5585

Player Name _____ Birth Date _____

Youth Hockey Program _____ Position _____

Circle One: Mite * Squirt * PeeWee * Bant/Fr(boys only) **Level Played:** A B C or Open **Amount Enclosed** _____

Parent/Guardian _____ Tel # _____ Alt # _____

Address _____

Copy of USA Hockey card MUST accompany registration. Email _____

RELEASE OF LIABILITY: I hereby release Hyannis Youth & Community Center and its owners as well as Top Shelf Hockey School, instructors, and staff from any possible claims, liabilities, obligations, or responsibilities, and from any and all accidents or injuries, whether they be on the ice or off, hockey related or not, while my child participates in the program. I further certify as to my child's sound health of mind and body. I intend this instrument to take effect as a sealed instrument.

Signature of Parent/Guardian: _____ Date _____