

***Presents…***

***YOUTH SUMMER***

***PICK-UP HOCKEY***

A FUN SUMMER NIGHT PICK-UP GAME FOR YOUTH HOCKEY PLAYERS BORN 2002THRU 2009!

* All Games will be at NORTHSTAR ICE SPORTS in Westborough
* Mite and Squirt Division(2006-2009) is on Monday Nights at 6:30 PM on these dates 5/23, 6/6, 6/13, 6/20, 7/11, 7/18, 7/25, 8/1, 8/8, 8/15
* Peewee and Bantam Division(2002-2005) is on Thursday Nights at 6:30 PM on these dates 5/26, 6/2, 6/9, 6/16, 7/14, 7/21, 7/28, 8/4, 8/11, and 8/18
* 10 Sessions for each age group, each Session is 60 minutes
* No ice for the last week in June and the first week of July
* Limited to 30 skaters for each Division (first come first serve)
* Goalies free (must have equipment and need to submit a waiver)
* Focus on one skill each week followed by a pick-up game
* Each game will be two 20 minute periods
* USA Hockey Certified Coaches
* Cost = $135.00
* Jersey included

For information or to register Contact

Dennis Serocki - [dmserocki@hotmail.com](mailto:dmserocki@hotmail.com)

Harry Gaston – [harryg1969@yahoo.com](mailto:harryg1969@yahoo.com)

Mail Signed application/waiver and check payable to:

Dennis Serocki, 38 Rogers Road, Holliston, MA 01746

Triple H Hockey is an independent program and not affiliated with Shrewsbury Youth Hockey

Triple H Summer Hockey

Players Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Players First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency/Cell Phone:(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I UNDERSTAND AND AGREE, ON BEHALF OF MY CHILD/WARD, MYSELF, MY HEIRS, ASIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSITUTES: an unqualified assumption of all risks associated with participation in this program by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises to conduct the program, sanctioning bodies, medical or rescue personnel (the releases), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and an understanding not to sue the releases for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program, and an agreement to indemnify, and to save and hold harmless the releases, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the releases or otherwise.

I have read this document thoroughly. I sign this document voluntarily and without inducement.

Signature of Parent/Guardian Date Printed Name of Parent/Guardian

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_