



2012 FICHL SPRING SELECT HS JR. VARIETY HOCKEY LEAGUE

THE FICHL IS A FULLY INCLUSIVE LEAGUE AND OFFERS PLAYERS OF ALL SKILL LEVELS THE CHANCE TO PLAY AND DEVELOP HOCKEY SKILLS IN A FUN GAME SETTING

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WWW.FAMILYICE.ORG**



2012 FICHL Spring HS Junior Varsity Hockey League

This fun hockey league is now accepting player registrations and will accommodate a maximum of 60 players in the four team league. Players presently in 8th or 9th grade with limited HS level experience are eligible to participate. Player registration fee is \$150 (payable in advance) and includes a 9 game season plus playoffs, FICHL team jersey and on ice officials for all games.

Games every Friday at 7:20 & 8:30pm

April 6th - June 22nd

2012 SPRING HS Jr. Varsity League Details

The league will accept the first 60 applications received with payment.

Registration deadline is April 1st

Final rosters & game schedules will be posted on April 4th

The league will attempt to group players from the same school together wherever possible with the goal of creating four balanced and competitive teams.

Payment must accompany registration form.

- Goal announcements
- Stat Tracking
- 9 Regular season Games
- Playoffs
- Championship Game
- 1st Annual FICHL Cup

Player Registration Information (Mail to: Family Ice PO Box 6127 Falmouth, ME 04105 or FAX to 781-7399)

PLAYER NAME: _____ ADDRESS: _____

PHONE: (h) _____ EMAIL: _____ Current Grade (circle one) 8th 9th

PARENT NAMES: _____ PHONE #s: _____

EMAIL: _____ EMERGENCY CONTACT #: _____

POSITION PLAYED GOALIE FORWARD DEFENCE FAVORITE TEAM _____

By signing this waiver and completing the player registration profile I acknowledge that the information above is accurate and acknowledge and accept the inherent risks and liability of participating in the 2012 FICHL Spring Select Squirt League. I waive Family Ice, its employees, officers and all league officials of all liability with respect to injury and agree to abide by all league rules and on/off ice conduct policies.

Payment Method (please circle one) : Cash, Personal Check (made payable to Family Ice Center), Visa or Mastercard

Name: _____ Credit Card # & code _____ Exp Date _____

Payment and application can be mailed to: Family Ice Center PO Box 6127 Falmouth, ME 04105-6127