



2012 FICHL SPRING HS VARSITY 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 Varsity Hockey League

This fun and informal hockey league is now accepting player registrations and will accommodate a maximum of ten teams in the division. Players presently in 9th, 10th and 11th grade with HS level experience are eligible. 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.

Weekly games—Sundays at 4:20,5:30,6:40 and 7:50pm

April 8th - June 17th

2012 SPRING High School 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 5th.

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

PLAYER NAME: _____ ADDRESS: _____

PHONE: (h) _____ CELL: _____ GRADE : _____ BIRTHDATE: _____

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