



## 2012 FICHL Spring Squirt 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 Squirt Hockey League at FIC

This fun and informal hockey league is now accepting player registrations and will accommodate a maximum of 90 players in a four to six team league. Players who meet existing USA Hockey squirt age requirements will be eligible to play along with any incoming squirts for the 2012 season.

Player registration fee is \$125 (payable in advance) and includes a 9 game season plus playoffs, FICHL team jersey, on ice officials for all games.

**Saturdays 3:10 and 4:20pm**

**April 7th - June 23rd**

### **2012 Spring Squirt League Details**

The league will accept the first 60 applications received.

Registration deadline is April 1st.

Final rosters & game schedules will be posted on April 5th.

The league will attempt to place any individual players on a team on a space available basis.

- Goal Announcements
- Stat Tracking
- 9 Regular Season Games
- Playoffs
- Championship Game
- 1st Annual FICHL Cup

### **Player Registration Information**

PLAYER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: (h) \_\_\_\_\_ CELL: \_\_\_\_\_ 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**