



2013 Spring Youth Open Hockey

WHAT: 10 – 1.25 HOUR ON ICE OPEN HOCKEY SESSIONS

INSTRUCTOR: VOLUNTEER PARENTS TO SUPERVISE

COST: \$60.00 - MAKE CHECKS PAYABLE TO: NWIA AND SEND TO:

NAGAWAUKEE ICE ARENA
2699 GOLF RD.
DELAFIELD, WI 53018

(SINGLE SESSIONS WILL COST \$10 PER PLAYER AND ARE SUBJECT TO LIMITED SPACE AVAILABILITY!)

**** SPACE IS LIMITED TO 30 SKATERS PER LEVEL ****

MINI MITES (5-6)			MITES (7-8)			SQUIRTS (9-10)		
Tuesday	5:30p	3/19	Wednesday	5:30p	3/20	Thursday	5:30p	3/21
Saturday	10:30a	3/23	Sunday	10:30a	3/24	Saturday	12:00p	3/23
Tuesday	5:30p	3/26	Wednesday	5:30p	3/27	Thursday	5:30p	3/28
Tuesday	5:30p	4/2	Wednesday	5:30p	4/3	Thursday	5:30p	4/4
Saturday	10:30a	4/6	Sunday	10:30a	4/7	Saturday	12:00p	4/6
Tuesday	5:30p	4/9	Wednesday	5:30p	4/10	Thursday	5:30p	4/11
Saturday	10:30a	4/13	Sunday	10:30a	4/14	Saturday	12:00p	4/13
Tuesday	5:30p	4/16	Wednesday	5:30p	4/17	Thursday	5:30p	4/18
Tuesday	5:30p	4/23	Wednesday	5:30p	4/24	Thursday	5:30p	4/25
Saturday	10:30a	4/27	Sunday	10:30a	4/28	Saturday	12:00p	4/27

CUT HERE

CUT HERE

NAGA-WAUKEE ICE ARENA RELEASE OF LIABILITY

I Am Being Allowed to Participate in Open Hockey at Naga-waukee Ice Arena. I Understand That There Are Certain Dangers Inherent in Playing Open Ice Hockey, Which Includes but Is Not Limited to Injuries from Contact with Other players, Sideboards, Goal Standards, the Ice, the Puck and Equipment. In Consideration of Being Allowed to Participate in Open Ice Hockey, I, Individually and for All Others Who May Claim Based on Injury to Me, Accept the Risk of Physical Injury and Released and Discharged Waukesha County and its Employees from Any Liabilities to Me for Any Physical Injury Which May Occur While I Am Participating in Open Hockey. I Understand That the Purpose and Intent of this Release Is to Prevent Me, and Others Who May Claim Through Me, from Recovering Any Money from Waukesha County and its Employees for Any Physical Injury I Suffer While Playing Open Hockey. All Participants must Wear Full Hockey Equipment Including Helmets and Face Masks, USA Approved.

CHILD'S NAME _____

ADDRESS _____

PHONE# _____

PARENT/GAURDIAN
SIGNATURE _____

DATE _____

CIRCLE CHILD'S CURRENT LEVEL: **MINI MITES** / **MITES** / **SQUIRTS**