# FALL 2026 CIZ Adult Hockey League

**B-League – 14 Week Season**
**$375**
~Experienced players who have played organized hockey at a competitive level
~Monday evening games, Time TBD *Starts September 14th*
*~ 24 guaranteed player spots~*
**B Goalies:**
**$190**

**UPPER C-League – 14 Week Season**
**$375**
~Players age 35 and up, or younger players with no competitive hockey experience
~Wednesday evening games, Time TBD
*Starts September 9th*
*~ 66 guaranteed player spots~*
**Upper C Goalies:**
**$190**

**LOWER C-League – 14 Week Season**
**$375**
~Players with less than 5 years of hockey experience. No competitive hockey experience. Spot will be determined based on skill level. ~
Monday evening games, Time TBD
*Starts September 14th*
*~24 guaranteed player spots~*
**Lower C Goalies:**
**$190**

**DISCLOSURE: Any game days/times are subject to change based on turnout for the season!**
**Any games cancelled may be made up on any day of the week**

**ALL LEAGUES - $75 non refundable deposit due with registration, balance due no later than September 5th. NO SPOTS ARE GUARANTEED WITHOUT THE DEPOSIT!**

## PAYMENT, FEES, AND REGISTRATION

**NAME**_____ **DOB**_____/_____/_____

***REQUIRED – USA HOCKEY # -*** _____

**Highest Level of Hockey Played** _____

**EMAIL**_____ **PH#**_____

**TEAMMATE REQUEST (1 PLAYER) -**_____

**LEAGUES (circle):** **B LG** **UPPER C LG** **LOWER C LG**

❑**FORWARD** ❑**DEFENSEMAN** ❑**ANY POSITION** ❑**GOALIE**

**THE ICEZONE RESERVES THE RIGHT TO MOVE ANY PLAYER WHO IS NOT PLAYING IN HIS/HER RESPECTIVE LEAGUE DURING ANY PART OF THE SEASON. THE ICEZONE PROMOTES GOOD SPORTSMANSHIP AND IN DOING SO WE MUST MAINTAIN A GOOD BALANCE OF PLAYERS IN EACH RESPECTIVE LEAGUE. OFFICE ONLY: DEPOSIT _____ DATE: _____ RINK CREDIT APPLIED _____ PAYMENT _____ DATE _____**

***For more information please contact Stephanie Bardykin at skatepairs@aol.com or Sam Cucuel at carolinaicecoachsam@gmail.com***

**The Carolina IceZone PARTICIPANT WAIVER**
**-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in The Carolina IceZone programs, related events and activities of ice skating and/or ice hockey, I , the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in ice rinks activities, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation in ice sports. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAROLINA ICEZONE, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I agree to Honor the Game of hockey by honoring my teammates, opponents, referees, rink staff, and fans. I will treat the rink and locker rooms with respect and I understand that I am responsible for any damage to the facility, including locker rooms, due to my actions.

The Carolina IceZone has put in place preventative measures to reduce the spread of communicable diseases; however, we cannot guarantee that you or your child(ren) will not become infected while attending our facilities. While we've implemented reasonable preventive measures, we depend on each and every visitor and their families to follow the guidelines from the Center of Disease Control, and all applicable federal, state, and local health department guidelines, rules, laws, and regulations before and while visiting our premises. We are all in this together and rely on each other to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully understands and acknowledges both the known and potential dangers of utilizing our facilities, services, and programs and acknowledge that use thereof by the undersigned and/or such participating children may, despite our reasonable best efforts to mitigate such dangers, result in exposure to communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.

I **HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**x** _____ _____
**Participants Signature** **Date**

**x**_____ _____
**ParentSignature (Minor Participants Only)** **Date**