



2024-25 Carolina IceZone Jr. Pirate Youth Hockey League

The Carolina IceZone Youth/Teen Hockey League offers a chance for new and experienced players to increase their skills in a positive environment that promotes good sportsmanship and having **FUN!**

Season begins on Tuesday, October 1st and ends on approximately Thursday, February 27th. **All players** will have approximately 40 regular on-ice team practices/games/scrimmages/development sessions. Exact days/times will be available for each team once registration is complete.

Tentative age divisions for the 2024-25 season (may adjust based on enrollment and player skill level, age groups may be combined, if necessary):

U6/U8 Mites Program – Practices and Games/Scrimmages to be held on Tuesday and Thursday and an occasional Saturday plus 2-3 jamboree weekends. *Birth Years 2020 (by special request) 2019, 2018, 2017, 2016. Must commit to full season.*

U10/ U12 /U14 Squirt, Pee Wee, Bantam Program - Practices and Games to be held on Tuesday and Thursday and an occasional Saturday. *Birth years 2015, 2014, 2013, 2012, 2011, 2010, 2009, 2008. Must commit to full season.*

Payment Information:

\$875*/Player if paid in full by 9/14/24

\$925/player if paid after 9/14/24 or if paying by installments

*Jersey Fee of \$100 – new players only OR returning players wanting new jerseys (2 jerseys plus one pair of hockey socks)

Payment Plan Option – \$475 (\$575 if ordering jerseys) due by 9/14/24 and \$450 due 11/1/24

***USA Hockey Membership required and confirmation number must be submitted with registration – No Exceptions!**

Register at – www.usahockey.com then click on “Become A Member” - An Annual Requirement

***Jersey Fee Separate**

PLAYER Date of Birth: _____

USA Hockey # (required) _____

Shoots: R L Preferred Position _____

Player Name: _____

Parent/Guardian #1 Name: _____

Phone: _____ Email: _____

Parent/Guardian #2 Name: _____

Phone: _____ Email: _____

Last Team Played for _____

_____ My child would like to be considered for a Select Travel Team if enough players are interested at his/her level and I understand this would be an additional cost. This does not commit me, just shows I may be interested.

_____ WEARING Jerseys from last season - # _____

_____ NEED NEW Jerseys Jersey Size - YS YM YL YXL AS AM AL - Size Up for a baggy fit!

Jersey # - Choice 1 _____ Choice 2 _____ Choice 3 _____

*numbers will be assigned based on program seniority if 2 players are requesting the same number

Sock Size – Circle One: 16” 20” 24” 28” 32”

*sock sizing – Measure your player’s leg from 4” above the knee to the ankle

I, the undersigned parent/guardian of the above named registrant, hereby give my approval for his/her participation in any Carolina Ice Zone Youth Hockey or other activities. I assume all the risks, hazards, and incidental expenses for such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless Carolina Ice Zone, directors, league officers, supervisors, officials, and coaches to any injury to my son/daughter whether the result of negligence or any other cause. In the event that one parent executes this agreement, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child in this program and to execute this agreement on his/her behalf. All leagues are subject to adjustment based on enrollment and skill.

Furthermore, the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads from person-to-person contact. 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.

Parent Signature: _____ Date: _____

Office Only: Rink Credit Applied _____ Payment 1 _____ date _____ Payment 2 _____ date _____