2024 Spring Jr. Pirate Youth/Teen Hockey





Tuesdays evenings (Skills) and/or Thursday evenings (Game Play) - *approximate times

5:15-6:05pm* Low Session

6:10-7:10pm* High Session

April 2, 4, 9, 11, 16, 18, 23, 25, 30

May 2, 7, 9, 14, 16, 21, 23, 28, 30, June 4, 6

\$450/player for 2 days/week for 10 weeks OR \$275/player for Tuesday Skill Development Only for 10 weeks

*Due to coaching practice plans and a progressive program, Walk-Ons and Make-Up sessions are not allowed. If you register for one day/week - it must be Tuesdays only.

Players will be split by age/level and Players will be assigned a time based on enrollment.

Separate USA Hockey registration is required for players who did not participate in the regular 2023-24 season

Dlaver Neme	A.c. DOD.	
Player Name:	Age DOB:	
Parents Name:	USA Hockey #	
Phone:	Email:	
Last Team/Level Played For:	Check here is parent is interested in volunteering, if need	led
I am interested in a Spring Tournament Team f	for an additional fee if there are enough players in my age group YES	NO
all the risks, hazards, and incidental expenses for such participar hold harmless Carolina Ice Zone, directors, league officers, super cause. In the event that one parent executes this agreement, the in this program and to execute this agreement on his/her beha COVID-19, has been declared a worldwide pandemic by the Wo Carolina IceZone has put in place preventative measures to redibecome infected while attending our facilities. While we've imple guidelines from the Center of Disease Control, and all applicable our premises. We are all in this together and rely on each other acknowledges both the known and potential dangers of utilizing participating children may, despite our reasonable best efforts.	int, hereby give my approval for his/her participation in any Carolina Ice Zone Youth Hockey a stion, including transportation to and from activities. I hereby waive, release, absolve, indemicrivities, officials, and coaches to any injury to my son/daughter whether the result of negliging esigner acknowledges that he/she is also acting as agent of the other parent with authority alf. All leagues are subject to adjustment based on enrollment and skill. Furthermore, the nor orld Health Organization. COVID-19 is extremely contagious and spreads from person-to-persoluce the spread of communicable diseases; however, we cannot guarantee that you or your commented reasonable preventive measures, we depend on each and every visitor and their faille federal, state, and local health department guidelines, rules, laws, and regulations before a fer to adhere to the above-mentioned guidance and legal restrictions. The undersigned fully using our facilities, services, and programs and acknowledge that use thereof by the undersigned to to mitigate such dangers, result in exposure to communicable diseases, which could result uirements, serious illness, disability, and/or death.	nify, and agree to ence or any other to enroll the child ovel coronavirus, son contact. The child(ren) will not milies to follow the and while visiting understands and ed and/or such

Payment Date _____

Payment Date _____