



New USA Hockey Atom / Mite Cross Ice Program

League Information

- Brand new USA Hockey endorsed cross ice program.
- Season Starts January 2nd, 2010
- 15 week season will run from January - April
- Each Session will consist of (1) 20 minute practice and (2) 20 minute games.
- Teams will be assembled by the hockey operations department
- Each Team will be comprised of a max of 8 skaters
- NHL Replica Jersey + Socks
- Pizza Party and Awards for all participants
- **All players must register and provide us with a copy of their USA Hockey Membership upon registering. Please visit USA Hockey at www.usahockey.com to register**

Evaluation Clinic Dates & Times

Atom Mite Cross Ice Program

Division – Players Born in 2001 & Younger

Player Evaluation & Clinic Sunday December 13th,
3:30 pm – 4:30 pm

Player Evaluation & Clinic Sunday December 20th,
10:30 am – 11:30 am

Registration Information

Player Fee - \$250.00 per player

Every participant registering must provide us with a copy of their 2009-2010 USA Hockey membership form. Please go to www.usahockey.com to register if you already haven't.

Registration will begin on November 9th

Registration Options

- 1) You can mail in your registration form with payment and a copy of your child's USA Hockey Membership.
- 2) You can fax us your registration form with credit card payment along with a copy of your child's USA Hockey Membership.
- 3) You can scan and email back to us the registration form with credit card payment along with a copy of your child's USA Hockey Membership.
- 4) You can stop on by our Front office and drop off your child's application with payment and a copy of your child's USA Hockey Membership.



A program of USA Hockey, Inc. 

For more information please contact:

Ken Rheault Phone # 561-656-4046 or Email: krheault@pbiw.org
Dolly-Duke Maggio Phone # 561-656-4046 or Email: dm@pbiw.org

A training facility where dreams become successes.

1590 N. Florida Mango Road • West Palm Beach, FL 33409-5212

561-656-4046
www.pbiw.org



New Player Information & Waiver Form

Player's Name: _____

Player's Date of Birth: _____ Age: _____

Player's Position: _____

Jersey Size: YS YL YXL AS AM AL AXL Goalie Cut

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact Name and Phone Number: _____

E-Mail Address: _____

Release of Liability

In consideration of the participant being permitted to register and participate in figure skating or any other activities at the Palm Beach Ice Works, I do hereby and forever release and discharge Palm Beach Ice Works, LLC, its directors, agents, employees and any other person or entity affiliated with Palm Beach Ice Works, LLC (collectively, Palm Beach Ice Works) from any and all manner of liabilities, damages, costs, claims, injuries or demands which I will, shall or may hereafter have, suffer or receive by reason of such participation in any program at Palm Beach Ice Works. I acknowledge that ice skating is a potentially dangerous activity and I fully accept and assume all risks and responsibility for any injuries I may sustain as a result. I further agree that if, despite this express assumption of the risk and release, I or anyone on my behalf, shall make a claim against Palm Beach Ice Works, I will indemnify, save and hold harmless Palm Beach Ice Works from any claim, loss, liability, damage, or cost, including attorneys' fees and costs, which Palm Beach Ice Works may incur as a result. This release shall be binding on my heirs, assigns, executors and administrators. I further acknowledge and agree that Palm Beach Ice Works has not and shall not be deemed to have guaranteed or warranted the condition, suitability, or fitness for a particular purpose, of any equipment used in any activity at Palm Beach Ice Works, whether or not provided by Palm Beach Ice Works.

I have read and understood this waiver.

Parent Name (please print) _____

Signature _____

Date _____

Payment Method

(All checks payable to Palm Beach Ice Works.)

Cost \$250 per player

Payment Method Visa MasterCard AMEX Check Money Order

Card Number _____ Expiration Date _____

Name On Card _____