

Spring/Summer 2017 Women's 3v3 Hockey

Below is the information regarding the 2017 Summer Women's 3v3 Hockey. There will be both an Upper and Lower division with 4 teams per division. Each team will consist of 6 players.

REGISTRATION FORMS AND PAYMENT ARE DUE April 15, 2017

*** DO NOT REGISTER AT IDAHO ICEWORLD. After receiving everyone's information, the Rec League Committee, along with the 8 team representatives, will draw names to form each team.

Please do not hesitate to contact the Women's Rec League with any questions or concerns prior to or during the season:
womensrecleague@gmail.com

Schedule

12 Games

May 11 – August 3

Women's Lower League (Player Ratings of 1, 2, & 3)

Thursday Nights @ 7:40 pm

Women's Lower League (Player Ratings of 3, 4, & 5)

Thursday Nights @ 8:45 pm

Costs

\$785 per team

\$125.50 per skater

\$32 per goalie

***There are no split spots for summer league. One buddy may be requested, but your buddy has to request you as well!

\$10 per game for subs

Payment

Checks should be made out to **Idaho IceWorld** or Credit Card information needs to be at the bottom of the IceWorld Registration form (page 2).

Forms

The following forms, along with payment, need to be completed and returned to the Women's Rec League no later than **April 15, 2017**. The next 2 pages can be filled out by simply typing in each field from inside Adobe Acrobat Reader.

- ✓ IIW Registration (page 2)
- ✓ IIW Waiver (page 3)
- ✓ **ONLINE 3v3 Player Questionnaire:** <https://goo.gl/forms/jBxXfz7paY6nhCar1>

When you are finished, if you are paying by CC feel free to digitally sign and email this document to womensrecleague@gmail.com and skip the snail mail.

If you would like to pay by check, **email** the document and mail your check to:

BWHA – SUMMER LEAGUE

PO Box 5864

1650 W. Targee St.

Boise, ID 83705



Refund Policy
 Fees are nonrefundable except on an apportioned basis in the event illness or injury prevent participation. Refund requests must be accompanied by a doctor's note. In the event a refund is issued, a \$20 processing fee will be deducted from the amount of the refund.

Youth and Adult League Registration

PLEASE RETURN THIS INFORMATION TO *IDAHO ICEWORLD* WITH:

1. PLAYER'S PAYMENT (PLEASE MAKE CHECK PAYABLE TO *CITY OF BOISE*)
2. SIGNED *IDAHO ICEWORLD* RELEASE OF LIABILITY FORM (REVERSE SIDE OF WHITE COPY)
3. SIGNED USA HOCKEY WAIVER (REVERSE SIDE OF YELLOW COPY)

PLEASE PRINT CLEARLY

PLAYER'S NAME _____
 (FIRST) (M.I.) (LAST)

E-MAIL ADDRESS: _____

MALE FEMALE D.O.B. _____ AGE _____

PARENT OR GUARDIAN'S NAME IF UNDER 18 YEARS OLD: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

LEVEL OF PLAY (PLEASE CHECK ONE)

YOUTH		ADULT		TEAM NAME
<input type="checkbox"/> MIGHTY-MITE	<input type="checkbox"/> SESSION # _____	<input type="checkbox"/> CLINIC		_____
<input type="checkbox"/> MITE	<input type="checkbox"/> 3 ON 3	<input type="checkbox"/> INTERMEDIATE A		_____
<input type="checkbox"/> SQUIRT	<input type="checkbox"/> CLINIC	<input type="checkbox"/> INTERMEDIATE B		_____
<input type="checkbox"/> PEEWEE	<input type="checkbox"/>	<input type="checkbox"/> INTERMEDIATE C		_____
<input type="checkbox"/> BANTAM		<input type="checkbox"/> ADVANCED		_____
<input type="checkbox"/> HIGH SCHOOL, Attending _____		<input type="checkbox"/> WOMEN'S		_____
		<input type="checkbox"/> 3 ON 3		_____

If Still in Junior High, what school do you attend? _____

USA Hockey REG # (Attach Copy): _____

LEAGUE FEE: \$ _____
 DISCOUNTS: \$ _____
 PAYMENT PLAN: \$ _____
 EQUIPMENT FEE: \$ _____ (NON-REFUNDABLE)
 TOTAL: \$ _____ (NON-REFUNDABLE)
 TOTAL PAID: \$ _____
 BALANCE DUE: \$ _____

REASON FOR DISCOUNT: _____

TODAY'S DATE _____
 PROGRAM DATE(S) _____
 SALES PERSON: _____

\$20.00 fee will be charged for all checks returned due to insufficient funds.

METHOD OF PAYMENT: CASH _____ CHECK _____ CHECK # _____ CREDIT CARD _____
 (CIRCLE ONE) VISA AMEX M/C CARD # _____ EXP DATE _____

NAME AS IT APPEARS ON CREDIT CARD: _____

CARDHOLDER'S SIGNATURE _____

IDAHO ICEWORLD HOCKEY LEAGUE
REGISTRATION AND PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK
- READ BEFORE SIGNING -

Print Name of Player (Last/First)

Print Name of Team (if known)

Injuries: All injuries must be reported to the scorekeeper or the Idaho IceWorld Hockey Office within twenty-four (24) hours. There is a two (2) game injury grace period. The injured player will remain on the team roster for two (2) games following the date of the injury. After this period, it is the responsibility of the injured player to notify the Idaho IceWorld Hockey Office in writing if the player will continue playing or will be leaving the team due to the injury.

Rules: I agree to become familiar with and to abide by all the rules of the Idaho IceWorld Hockey League.

In consideration of being allowed to participate in any way in the Idaho IceWorld Hockey League and its related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** (defined below) 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. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
4. I, the undersigned player, acknowledge, agree and understand that: 1) voluntarily and of my own free will, I elect to participate as a member of the hockey team and league indicated. 2) I understand that there are certain risks and hazards involved in participating in hockey that may result in injury, death or property damage to me or other players. 3) I release, discharge and agree not to sue the team, manager, sponsor, referees, Boise Parks & Recreation and its employees and/or USA Hockey and all other cooperating agencies. I understand all rules, regulations and deadlines.
5. I willingly agree to comply with the Idaho IceWorld "No Alcohol" policy. That is, I agree not to bring any alcoholic beverages onto the Idaho IceWorld premises and any violation of this policy may result in my termination of participation in the league program and removal from the facility.
6. I acknowledge the receipt of the Idaho IceWorld Code of Conduct and agree to abide by its contents.

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.

Signed: _____ Age: _____ Date _____
(PARTICIPANT'S SIGNATURE)

*****PARENTAL SIGNATURE REQUIRED*****

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Signed: _____
(PARENT'S GUARDIAN'S SIGNATURE) EMERGENCY PHONE #(s)

Date Signed: _____