

 **2020 BYHA** 
CAPE COD SUMMER HOCKEYFEST
10U SQUIRT DIVISION



WEDNESDAY NIGHTS
JUNE 24 - AUGUST 26, 2020
8 GAME SCHEDULE

NO GAMES JULY 01, 2020
NO GAMES AUGUST 05, 2020

NO CHECKING / SKILL DEVELOPMENT LEAGUE

TWIN RINKS AT HYANNIS YOUTH COMMUNITY CENTER

CHAMPIONSHIP GAME: AUGUST 26, 2020

BOYS AND GIRLS ARE ELIGIBLE

PLAYERS GRADUATING FROM U10 SQUIRT DIVISION ARE STILL ELIGIBLE

USA HOCKEY RULES AND OFFICIALS

ALL PLAYERS MUST BE A MEMBER OF USA HOCKEY

ALL PLAYERS MUST RETURN A COPY OF THEIR USA HOCKEY MEMBERSHIP WITH THEIR LEAGUE FEE AND REGISTRATION FORM

All returning Goalies must return forms and payment by April 1, 2020
After this date we accept registrations by first come first serve

EMAIL: CCHOCKEYFEST@GMAIL.COM

“NO WALK-ONS”

2020 Registration Form

BYHA CCSH 10U Squirt Division Wednesday Nights:

Last Name: _____ Player First Name: _____

Mailing Address: _____

Town: _____ State: _____

Zip Code: _____ Email: _____
Please Print Email Neatly

Home Phone: _____ Emergency Phone: _____

Date of Birth: _____

2019-20 Youth Hockey Team: _____ Youth Hockey Division A,B,B2: _____

USA Hockey Member: * Mail in a copy of your membership with this form *
(USA Hockey memberships may be obtained by contacting usahockey.com website)

Position: Forward Defense Goal ***(Remember to Sign Bottom)***

Cost: \$219.00 / No Walk-ons / All Fees Non-Refundable

Players are welcome from all towns. League enrollment is limited. Registration is offered first come first serve basis. All players must pay in full. **No pay per game allowed. No non-roster player substitutions.** Summer Hockeyfest sells out before the first game each year. Do not miss out – Mail in your registration form as soon as possible! **Each player will receive a Game Jersey and Game Schedule at their first game.** All players will be contacted **5 days via Email** before the season begins as to their time of first game. Full Face masks, **Ear Flaps**, and Certified Helmets are required. **No Checking** **All players must send in a copy of their USA Hockey membership.** Alternate Game dates may be used if Arena closes. All Fees are Non-Refundable. Game times 6:00 or 7:00 PM / All games played at Hyannis Youth Community Center.

Please make all checks payable to: (CCSH) Cape Cod Summer Hockeyfest - \$219.00

Must Return League Fee and Forms to: **CCSH**
91 Knott Ave. Sandwich, MA 02563

More Information: Email: cchockeyfest@gmail.com

Follow us at Twitter: [@cchockeyfest](https://twitter.com/cchockeyfest)

Waiver and Indemnity Agreement:

In consideration of my child being allowed to participate in any way in the Barnstable Youth Hockey Association, Cape Cod Summer Hockeyfest Squirt Division, related events and activities at the Hyannis Youth Community Center, I, the undersigned, acknowledge, appreciate, and agree that 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 the risk, the risk of serious injury does exist, and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the BYHA Cape Cod Summer Hockeyfest Squirt Division, even if arising from the negligence of the releasees or others, and I assume full responsibility for my child's participation. 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 (BYHA, Hyannis Youth Community Center, HYCC employees, League coaches, officials, and staff), and USA Hockey from any and all liabilities incident to my minor child's involvement or participation in the BYHA Cape Cod Summer Hockeyfest Squirt Division, as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in this program. I attest that my child has had physical exam performed by a medical physician within the last three hundred and sixty days of my signature and has been cleared to participate in any physical activities and/or athletic games or activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered or not covered by my health insurance policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son/daughter be expelled from the BYHA Cape Cod Summer Hockeyfest Squirt Division, program for disciplinary reasons. BYHA Cape Cod Summer Hockeyfest Squirt Division, reserves the right to use any pictures and videos taken during the games for research, instruction, and/or advertising purposes. I agree not to leave my child and/or children, family, and travel party unsupervised before, during, and after any and all activities associated with the BYHA Cape Cod Summer Hockeyfest Squirt Division, and programs. I understand game schedules may change if HYCC ice issues arise. I intend this instrument to take effect as a sealed instrument.

Parent / Guardian Signature

Date ← Sign Here