

Little Knights In-House League Atom/ Mite/ Squirt September 7th, 2016 – February 22th, 2017

We will be working on basic hockey skills such as skating, shooting, passing as well as gaining team spirit and enjoying the game of hockey!

- For players 10 years old and younger
- Program includes one practice and one game a week
- All games are half-ice style
- All participants will be put in teams according to their age and skills level
- First time participants will receive two practice jerseys (blue and white)
- Winter Break December 24th – January 1st (no games or practices)
- Program Head Coach - Alex Vasko (alexvasko@yahoo.com)
- Program Cost \$450 (or two payments of \$225 due by 9/7/16 and 10/30/16)
- Drop In available at \$15
- Goalies participate for free >> Siblings discount - \$50.00 off the registration fee

Team Practice	
Wednesday	6:45pm - 7:45pm
Half Ice Game	
Sept-Oct Sunday	9:45am - 10:45am
Nov-Feb Saturday	9:45am - 10:45am

Please Print

Student (M F) _____ Age _____ DOB ___/___/___

Parent/Guardian _____ Email _____

Address _____ City _____

State _____ Zip _____ Phone _____ Jersey Size: Youth S/M Youth L/XL

Payment type Cash Check (payable to Revolution Ice Centre)

Visa/Master card/AmEx CC # _____ Exp. ___/___ SIC: _____

Cardholder Signature _____ Date _____

WAIVER: I agree to waive liability and release any and all claims against PIIR, LLC, owner of Revolution Ice Centre, its officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and responsibility for all losses and damages incurred as a result of my and/or my children's participation in these activities. I will abide by the Facility's rules, and agree that the Facility's staff may require the withdrawal from any session of any skater who violates the Rules.

Signature of Parent/Guardian/Applicant _____ Date _____

Office Use ONLY:			
Payment Amt: _____	Cash _____	Check# _____	Credit card: _____ staff initials: _____



12 Old Boston Road Pittston, PA 18640
(tel.) 570-883-1100 (fax) 570-883-4526
www.revolutionicecentre.com



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SCHEDULE

September, 2016						
Wed - Practice	6:45pm-7:45pm	9/7/2016	9/14/2016	9/21/2016	9/28/2016	
Sun - Game	9:45am-10:45am	9/4/2016	9/11/2016	9/18/2016	9/25/2016	
October, 2016						
Wed - Practice	6:45pm-7:45pm	10/05/2016	10/12/2016	10/19/2016	10/26/2016	
Sun - Game	9:45am-10:45am			10/16/2016	10/23/2016	
November, 2016						
Wed - Practice	6:45pm-7:45pm	11/2/2016	11/9/2016	11/16/2016	11/23/2016	11/30/2016
Sat - Game	9:45am-10:45am	11/5/2016	11/12/2016	11/19/2016	11/26/2016	
December, 2016						
Wed - Practice	6:45pm-7:45pm	12/7/2016	12/14/2016	12/21/2016		
Sat - Game	9:45am-10:45am	12/3/2016	12/10/2016	12/17/2016		
January, 2017						
Wed - Practice	6:45pm-7:45pm	1/4/2017	1/11/2017	1/18/2017	1/25/2017	
Sat - Game	9:45am-10:45am	1/7/2017	1/14/2017	1/21/2017	1/28/2017	
February, 2017						
Wed - Practice	6:45pm-7:45pm	2/1/2017	2/8/2017	2/15/2017	2/22/2017	
Sat - Game	9:45am-10:45am	2/4/2017	2/11/2017	2/18/2017		



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