

Women's Hockey 2011-2012
SEASON
WOMEN'S D
DIVISION
&
WOMEN'S C
DIVISION
12 PRACTICES
12 DRYLANDS
4 TOURNAMENTS
1 CNS SWEATSHIRT
NOW THAT'S FUN
HOCKEY!

CALIFORNIA **LADY** NORTH STARS
SACRAMENTO



WE ARE STILL HAVING FUN!

THE CALIFORNIA NORTH STARS

LNS
CONTINUES

Must Bring to Tryouts:

- * Your 2011-2012 USAH Registration
- * Copy of your Birth Certificate
- * The attached form below herein

Tryout Schedule & Cost: \$30.

Sun: Aug. 21st at 10:30 AM
at: **Vacaville Ice Sports**

Practice Schedule:

Sundays: 11:00 AM
at: **ICELAND Sacramento**

Practice Calendar:

November 6th - February 29th
EXCEPT HOLIDAYS
& SPECIAL EVENTS

Tournament Schedule:

Nov: Wenatchee, WA - Hot Autumn Ice

Jan: San Jose, 9th MLK Invitational

Feb: Wenatchee, WA - Kiss My Ice

Mar: San Jose, CAHA Adult State Championships

ALL Inclusive Season Cost: \$700.

OR 4 payments of \$175 per month - starting 10/01
EACH TEAM LIMITED to 15 SKATERS & 2 GOALIES

Coaching Team:

John, Jason, Patrick

DATES & LOCATION SUBJECT TO CHANGE

CAREFULLY READ FOLLOWING BEFORE JOINING:

**** Add \$150 for game jersey & socks due a signing if needed***

Additional soft goods are NOT mandatory but available only through the club. **A Monthly installment plan** is available. **Extra practice ice, additional tournaments, extra scrimmages, personal travel expense, lodging, NorCal, CAHA State Championships, Pacific Districts, Regionals & National Finals cost are not included.** Players are **required** to stay at the mandatory designated hotel when traveling with the team.

Sorry NO refunds or discounts of ANY kind

Questions? Call us at (707) 318-1687

2011 - 2012 NORTH STARS

CALIFORNIA **LADY** NORTH STARS PLAYER REGISTRATION FORM

Sorry - no refunds

PLAYER' NAME _____ BIRTH DATE ___/___/___

PARENT'S / GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE(S) _____

E-MAIL(S) _____

PLEASE CIRCLE LEVEL PLAYED IN 2010 - 2011 FOR PLAYER EVALUATIONS

TIER I/II TRAVEL/REC./HOUSE A/B/C POSITION _____ SHOOT _____ HT _____ WT _____

HOCKEY CLUB / TEAM PLAYED FOR IN 2010 - 2011 _____

PLEASE CIRCLE THE TEAM & LEVEL YOU ARE TRYING OUT FOR:

MINI-MITE MITE SQUIRT PEEWEE BANTAM MIDGET-16/18 GIRL'S WOMEN'S MEN'S
AAA - AA - A - B - C - D - EXHIBIT/TOUR

'11 - '12 USA HOCKEY INSURANCE/REGISTRATION NUMBER _____

DO YOU CURRENTLY OWN A CNS JERSEY? Y / N IF YES, WHAT NUMBER _____ / SIZE _____

PICK THREE (3) JERSEY NUMBERS 1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____ JERSEY SIZE _____

NOTICE OF WAIVER

The parent/guardian of player listed herein, acknowledges and fully understands that each participant will be engaging in activities that involve risks of serious injury or death which might result from their own actions, inactions, or negligence of others, the rules of play, or the condition of the premises or any equipment used. In addition, that there may be other risks not known to CNS Hockey Inc., Iceland Skating Rink, Vacaville Ice Sports or any of its representatives, board members, officers, volunteers, sponsors, property owners or others not reasonably foreseeable at this time. I (the under signed) assume all risks and hazards incidental to such participation, including transportation to and from the activity and do hereby release, waive, discharge, absolve, indemnify and agree to hold harmless, covenant not to sue, CNS Hockey Inc., Iceland Skating Rink, Vacaville Ice Sports, its affiliated corporations or partnerships, clubs, their respective administrators, board members, directors, officers, agents coaches and other employees of the organization, other participants, sponsors, and if applicable, owners and lessees, and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses and or damages on account of injury caused or alleged to be caused, in whole, or in part, by the negligence of the releasees or otherwise. I also give consent to administer first aid and emergency transportation to the nearest available medical facility. It is further understood, that my signing of this registration form indicates that I have read this registration form and fully agree with the statements contained within.

I understand that I have given up substantial rights by signing it and sign it voluntarily.

PRINT PARENT/PLAYER NAME _____

SIGN PARENT/PLAYER NAME AND DATE _____

SUBMIT TO OUR BUSINESS OFFICE: CNS HOCKEY, INC. 3428 NORWALK PLACE, FAIRFIELD, CA 94534
CALIFORNIA NORTH STARS HOCKEY CLUB IS A NON-PROFIT 501(C)(3) YOUTH SPORTS ORGANIZATION