



WINTER YOUTH HOUSE LEAGUE

JANUARY 11 - MARCH 22



Northwell Health Ice Center's Youth House League is the perfect place for young players ages 9 - 14 to develop their hockey skills in a fun environment. Our goal is to instill a love of hockey while building life skills such as teamwork, sportsmanship and integrity.

SATURDAY MORNING CLINICS
9:00AM—10:00AM

SUNDAY EVENING GAMES
5:30PM, 6:30PM, 7:45PM

Tuition: \$350 | Includes 10 clinics & 10 games and a player jersey

Skaters will not be permitted on ice without full hockey gear, including neck guard
All players must register with USA Hockey at www.usahockeyregistration.com

*No clinics or games on 2/15 & 2/16

Questions? Email Scott Murphy at Scott.Murphy@newyorkislanders.com

TO REGISTER: STOP BY CUSTOMER SERVICE OR CALL 516-441-0070



Northwell Health Ice Center

Long Island's Premier Hockey Destination

Official Practice Facility of the New York Islanders

Located in Eisenhower Park: 200 Merrick Ave, East Meadow NY | 516-441-0070

Visit NorthwellHealthIceCenter.com for more information

PLAYER INFORMATION

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PAYMENT INFORMATION

☐ CASH ☐ CHECK # _____ ☐ CC

CREDIT CARD #

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EXP DATE

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SIGNATURE: _____

PLEASE SIGN WAIVER ON THIS FORM.

NO MAKE-UPS / NO REFUNDS

****NO CLINICS OR GAMES ON 2/15 OR 2/16**

COST: \$350

TOTAL DUE

\$ _____

Northwell Health Ice Center Waiver

I, _____ (the "Participant"), or the Participant's parent / guardian if he or she is under the age of eighteen (18), hereby acknowledge(s) and record(s) my/his or her independent and voluntary decision to participate in any skating lessons and/or other activities (collectively, the "Program") conducted by or involving, and/or to use facilities and equipment provided by, Twin Rinks Acquisition Company LLC doing business as Northwell Health Ice Center (the "Company").

The undersigned understands that ice skating and participation in the Program may entail certain anticipated and unanticipated risks, dangers and hazards, including possible serious personal injury, paralysis and/or death. The undersigned agrees that the Participant should not participate in the Program unless the Participant is medically able.

The undersigned hereby acknowledges the voluntary and informed assumption of full responsibility and liability regarding any injuries that the Participant may incur coincident to his or her participation in the Program. The undersigned hereby confirms that I have informed the Company of any medical/health concerns the Participant may have, that the Participant is medically able to participate in the Program and that I accept full responsibility for the Participant's behavior and health throughout the Program.

Participant understands that photographs may be taken during the Program and consents to the use by the Company and/or its affiliates without further consideration of any such photographs in which Participant's likeness or image appears.

The undersigned, for myself and on behalf of heirs, assigns, personal representatives and next of kin, hereby expressly waiver, releases, discharges, indemnifies and holds harmless the Company, Nassau County, the New York Islanders Hockey Club, L.P., the National Hockey League and its member clubs, and their respective owners, parents, subsidiaries, directors, officers, employees, contractors, agents, participants, sponsors, volunteers, successors, affiliates and/or assigns and any other person or entity doing business with or no behalf of the above-listed entities (collectively, the "Releases") from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action that the Participant may incur or acquire during the course of the Participant's involvement with the Program, whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law.

The undersigned also warrants that he or she is eighteen (18) years or older and mentally competent to grant this waiver.

Name of Participant: _____

Participant Signature (if 18 or older and competent):

Guardian / Parent Signature:

Date: _____