

Player Application All fields MUST be filled out.

Parents Names: _____

Name: _____ DOB: _____ Position: F D G

Address: _____ City: _____ St. _____ Zip: _____

Phone (h): (____) _____ Phone (w): _____ ext: _____

Phone Cell: (____) _____ Email: _____

Jersey Size: **Youth** S/M L/XL **Adult** S M L XL

Are your parents interested in coaching? Y N If yes list experience: _____

MEDICAL ISSUES _____

Dates: 9/11 9/18 9/25 10/2 10/9 10/16 10/23 10/30

Release and Waiver of Liability

I hereby give my approval for the above named applicant to participate in the BSA Future Legends Program I understand that there are many risks inherent in, and incidental to ice skating and participation in ice hockey, and I am willing to participate (or to permit the applicant to participate, if different from the undersigned to participate) in the BSA Future Legends Program. I assume all risks inherent in and incidental to such participation and I hereby release, absolve, indemnify, and hold harmless: Bridgewater Sports Arena, DJD Amusements LLC, there partners, members, officers, employees, and staff of any claim arising out of any injury to me (or the applicant, if different from the undersigned). In the event that I (or applicant, if different from the undersigned) am injured and am not able to act for myself, I hereby authorize and request: the partners, members, officers, employees or staff of the Participating Rinks* to act on my behalf to secure appropriate medical treatment. I also understand that from time to time pictures may be taken in which I (or participant) may appear. I authorize DJD Amusements LLC DBA Bridgewater Sports Arena to use said pictures in public displays and/or advertising.

Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____



FUTURE LEGENDS
(10-14 AGE GROUP)

Fall 2010

Skills

Enhancement
Program

8 WEEK SESSION

SATURDAYS
AT 9:25 AM
SEPTEMBER 11TH -
OCTOBER 30TH

ONLY \$150

BSA reserves the right to move any player who is unable to skate in the Future Legends Program into our learn to skate program. We encourage all players in our Future Legends Program to continue with any type of skating instruction they are receiving. Parents are asked to not distract their Future Star when they are on the ice.

Payment Information

Total Due: \$150

Cash Check (Payable to BSA) Credit Card

Credit card company: _____

Card # _____

Exp. Date: _____

Name on Card: _____

Please print and include middle initial.

Signature: _____

I authorize Bridgewater Sports Arena to charge the above credit card for the price shown above.

Cancellation Policy

A **NON-REFUNDABLE** fee of **\$35.00** will be charged on all refunds plus an additional charge of **\$20.00/class** for any classes taken. No refunds will be issued after the second class.

There are NO refunds, credits or make ups for missed classes.

Refunds needed for medical reasons must be submitted with a Doctor's letter.

CLASS SIZE IS LIMITED!

EVALUATION

All players will be evaluated the first week to make sure they can do the basic skating skills needed to participate in the program.

FUTURE LEGENDS PROGRAM

The Future Legends program is for players either looking to make the transition from roller hockey to ice hockey or players looking to improve their skill level.

The Future Legends Program is designed to teach players all the basic skills needed to play ice hockey in a FUN environment.

SKATING ABILITY

All players in the Future Legends Program must have some skating ability. Players must be able to make full strides and have good balance. This program is not for a first time skater.

8 – Week Session
\$150.00

First 2 Goalies Free!!!!
Only new players to program will receive jersey and socks

3 ON 3 LEAGUE

Selected Players will be invited to join our **3 ON 3 Hockey Program**, which is now operating year round!!

Each week the players will work on the following skills:

Skating
Puck Control
Passing
Shooting
Team play

After each skill session the players will be divided up into teams and play a game for the remainder of the 1 hour & 15 minute slot. Players will be divided by skill level and age and receive instruction during the game by our experienced coaching staff.

EQUIPMENT NEEDED

- HECC Approved helmet w/full cage
- Shoulder pads
- Shin pads
- Elbow pads
- Hockey pants
- Gloves
- Cup
- Socks
- Hockey stick
- Jersey (supplied by BSA to first time participants)



Please contact the Hockey Department for any questions 732-627-0006 x124.