

# 2012 SUMMER (3 on 3) HOCKEY LEAGUE

~ TUESDAY NIGHTS: June 5 through August 14 (No session July 3) ~  
(10 games)

*RI Sports Center – (Rte. 146) North Smithfield, RI*

Time	Level	Birth Year
5:10 p.m.	Mite Division	'06,'05,'04
6:20 p.m.	Squirt Division	'02, '03

~ Total cost is **\$150 per player** (includes jersey) ~

~ \$50.00 Deposit due with application (Remaining \$100.00 payment due by first game) ~

**Please make checks payable and mail to:** RI Hockey Development P.O. Box 7725 Cumberland, RI 02864

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position: \_\_\_\_\_ Level: \_\_\_\_\_ Current Team: \_\_\_\_\_

**Release of Liability/Acknowledgment of Risk:**

In conjunction with my son or daughter's participation in events sponsored by the Rhode Island Hockey Development ("the Company"). I understand that participation in or observation of ice hockey may result in serious injury including permanent paralysis or death. I recognize and assume this risk and understand and agree that neither the company nor any of its officers, directors, shareholders, employees, agents, coaches or referees shall be responsible for any accidents, injury (including paralysis and/or death), loss of equipment or any other costs, expenses, damages or losses in connection with such participation. I hereby represent to the Company that my son or daughter is in good health and is fully able to participate in the rigorous physical activity of the Company sponsored ice hockey program. In the event of injury or illness, the Company has my permission to provide, or make arrangements for the provisions of, emergency first aid.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For additional information, please visit [www.rihockeydevelopment.com](http://www.rihockeydevelopment.com) or call (401) 762-1588 x 14.