



FALL 4 X 4 2008 HOCKEY

Who: Birthyear 1999 & 2000 Mites
2008-09 Squirt/10U, PW/12U, Bantam/14U

Where: Neilson-Reise City Arena

When: PW/12U, Bantam/14U - September 15th to October 13th
Monday and Thursday Games 5:45-6:45 pm & 7:00-8:00 pm
Mites, Squirts/10U - September 17th to October 15th
Wednesday & Friday Games 4:30-5:30 pm & 5:45-6:45 pm

What: 8 games + 1 Playoff Game ***Full Equipment Required***
There will be on-ice instruction during the games.

Cost: \$75.00 (Checks made payable to Keith Huerd)

Players will be divided into 4 teams of 15 skaters and 2 goalies. ***THE FIRST 60 PLAYERS AND 8 GOALIES WILL COMPLETE THE ROSTERS. The teams will be red, white, green and blue and each player will be responsible for his or her own jersey. Interested players should return their signed waiver and registration no later than Wednesday, September 10th. Team assignments/schedule will be posted on the Bemidji Youth Hockey web site by Saturday, September 13th.

For more information contact:

Keith Huerd @work - 759-4861 and @ home - 755-9531

Player Name _____ D.O.B. _____ 2008-09 Hockey Level _____
Parent Name: _____ Phone _____
E-Mail _____

I am the parent of _____ (*player's name*) and I acknowledge that ice hockey holds potential for injury. Therefore, I agree to assume all responsibilities for any injury sustained by my child and to hold blameless the Fall 4X4 2008 coaching staff from any and all actions or claims that may be brought on behalf of my child. Further, I authorize the Fall 4X4 2008 Hockey Staff to obtain first aid or other medical care that may become necessary for our child.

Parent's Signature _____ Date _____

Send waiver/registration form and payment to:
Keith Huerd
1913 Fox Drive
Bemidji, MN, 56601