



08-09 Winter Mite League:

The HDC Supplemental Mite League is designed to improve skills and provide a game format that challenges players to their full potential. All games will be played in our custom-designed rink to deliver the fastest game on ice! **No other league challenges players to this level of play!**

Each league night (Wednesday option or Sunday option) will accept no more than 40 players. Players will be evaluated on the first night to ensure they have the skill level to compete in the league. Any player that does not qualify will receive a full refund.

ALL PLAYERS MUST BE OF THE MITE AGE AND HAVE AT LEAST TWO YEARS OF ORGANIZED PLAYING EXPERIENCE!

Our Mite League is not meant to replace any association hockey; rather, it is designed to enhance ice time for this age group.

The sessions will feature one hour of off-ice training in our training center and one hour of on-ice time. We will run 3-on-3 games every other week. THE NIGHTS (Sundays or Wednesdays) ARE NOT INTERCHANGABLE – separate leagues will be run based on Wednesday or Sunday.

Players will receive a data collecting swipe card for their time in the training center. With that data collection, parents and skaters both can document specific improvement areas throughout the winter.

BUILDING HEART, DRIVE & CONFIDENCESM

20775 Holt Avenue - Lakeville, MN 55044

BUILDING HEART, DRIVE & CONFIDENCESM



WINTER MITE LEAGUE

SUPPLEMENTAL ADVANCED MITE LEAGUE

Our Supplemental Mite League is designed to offer more ice and training times for those age groups that are typically only able to get ice time on weekends.

Features:

- Wednesday or Sunday nights throughout the winter
- 2 hours per week (1 hour on-ice & 1 hour off-ice)
- Off-ice Hockey Specific Training
- Fast paced 3-on-3 games every other week
- High-intensity skill development sessions on ice

Dates:

Wednesday Evenings from 10/22 - 3/11 (no sessions 12/24 or 12/31)

Sunday Evenings from 11/9 - 3/15 (no session on 11/30)



www.hdc-totalhockey.com

**MAIL OR FAX COMPLETED FORM AND
SEND PAYMENT BY CHECK TO:**

Hockey Development Center
P.O. Box 1042
Lakeville, MN 55044
Fax: 952-469-1521
Phone: 952-469-2218
You can also register and pay on-line at:
WWW.HDC-TOTALHOCKEY.COM

2008-09 SUPPLEMENTAL MITE LEAGUE REGISTRATION FORM

PLAYER NAME: _____ **BIRTH YEAR:** _____
PARENTS' NAMES: _____
ADDRESS: _____ **CITY, STATE, ZIP:** _____
PHONE NUMBER: _____ **EMAIL:** _____
EMERGENCY CONTACT AND PHONE: _____
INSURANCE COMPANY AND POLICY #: _____

SCHEDULE: Wednesday evenings 10/22 – 3/11, 6:30PM - 8:45 PM _____ (no sessions on 12/24 or 12/31)

Sunday evenings 11/9 -3/15, 5:45 PM -8:00 PM _____ (no session on 11/30)

INDIVIDUAL REGISTRATION FEE: \$400

WAIVER AND RELEASE OF LIABILITY

In consideration of The Hockey Development Center, L.L.C. (the "Company") furnishing services and/or equipment to enable me to participate in programs and activities of the Company, I agree as follows:

I fully understand and acknowledge that (a) risks and dangers exist in my use of hockey equipment and my participation of hockey activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness, including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the Company, the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of the equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of the Company or by any other person.

ni willingly agree to comply with the stated and customary terms and conditions for participation in programs and activities of the Company. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Company official immediately.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Company and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of my use of hockey equipment or my participation of hockey activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of the Company.

In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Company. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings. Arbitration shall be commenced within one year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the state where the Company is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELEASE THE HOCKEY DEVELOPMENT CENTER, L.L.C. FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant Name: _____ **Age:** _____ **Date:** _____

If 18 or over, signature of player: _____

Printed name and signature of Parent/Guardian if Participant is less than 18 years of age: _____