2020 SPRING YOUTH HOCKEY CLINICS, 3v3 & HOUSE LEAGUES
March 14-May 21

- Improve individual skills
- Develop confidence
- Contribute to team performance

Hockey Clinics: Work on your individual skills in our specialized clinics. Players will improve their skating, stickhandling, passing and shooting skills in these sessions that will meet once a week for six weeks.

3v3 League: Dynamite and Mite players have a great opportunity to work on game skills in a relaxed atmosphere. Players play in six 50-minute games on Sunday afternoons. Rosters and schedules will be distributed prior to the first game.

House League: Squirts through Bantam players have a great opportunity to work on game skills in a relaxed atmosphere. Teams will have 6-8 practices and 6-8 games playing in the NSYHL. Teams will be combined with Northbrook, rosters and schedules will be distributed following the scheduling meeting.

House of the Glenview Park District

1851 Landwehr Road, Glenview
847-724-2800
glenviewparks.org

SPRING YOUTH HOCKEY CLINICS

SKILLS SESSIONS - DYNAMITE
AGES 5-6 YRS
FEE (R/NR): $165/$206
ID#    DAY/TIME    DATES
328131-A Sa • 1:00-2:00 pm 3/14-5/2

SKILLS SESSIONS - MITE
AGES 7-8 YRS
FEE (R/NR): $165/$206
ID#    DAY/TIME    DATES
328132-A Sa • 2:10-3:10 pm 3/14-5/2

Skills sessions will be held at Jet-Ice
Limit: 20 players/group

3v3 LEAGUE

DYNAMITE
AGES 5-6 YRS
FEE (R/NR): $199/$245
ID#    DAY/TIME    DATES
328221-A Su • 1:30-3:25 pm 3/15-5/3
No games 3/22 & 4/12

MITE
AGES 7-8 YRS
FEE (R/NR): $199/$245
ID#    DAY/TIME    DATES
328222-A Su • 3:30-5:25 pm 3/15-5/3
No games 3/22 & 4/12

HOUSE LEAGUE

SQUIRT
AGES 9-10 YRS
FEE (R/NR): $425/530
ID#    DAY/TIME    DATES
328225-A Will vary 3/15-5/21

PEEWEE
AGES 11-12 YRS
FEE (R/NR): $425/530
ID#    DAY/TIME    DATES
328226-A Will vary 3/15-5/21

BANTAM
AGES 13-14 YRS
FEE (R/NR): $450/560
ID#    DAY/TIME    DATES
328227-A Will vary 3/15-5/21

GOALIES: Goalies are $200 for the Squirt, Peewee and Bantam levels.

Dynamites & Mites will skate at Jet-Ice
Limit: 32 players/Level
Squirts, Peewees & Bantams will skate at Northbrook and surrounding area rinks
Limit: 20 players/Level
HOW TO REGISTER FOR YOUTH HOCKEY CLINICS AND 3 ON 3 LEAGUES

Fill out all five parts of this form carefully. Incomplete or inaccurate information will delay your registration. • New residents or changes in residency within the park district boundaries are required to provide proof (gas, electric or water bill, current tax bill, purchase agreement or lease. A driver’s license is not acceptable proof of residency). • Registration confirmation is provided in the form of a receipt: you may choose email or printed receipt. See General Registration Information for important registration information, refund and transfer policy, waitlist policy, etc.

1 Fill in information for head of household – please print clearly

Adult Registrant or Parent/Guardian Name __________________________________________________________

Address __________________________________________________________ City ____________________________ Zip Code ____________________________

Primary Phone (_________) _______________________________________ Business Phone (_________)

E-mail ______________________________________________________________________________________

2 Fill in programs for each participant – please print clearly

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<tr>
<th>Class ID#</th>
<th>Program Name</th>
<th>Participant’s First &amp; Last Name</th>
<th>Sex</th>
<th>Birthdate</th>
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<td>I would like to make a donation to the Glenview Park District Leisureship Fund in the amount of (fill in amount under “Fee”):</td>
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Total Fees

3 In accordance with the Americans with Disabilities Act, describe any accommodation needed for your enjoyment of this program:

☐ Check to indicate that participant(s) requires assistance from NSSRA.

4 Complete payment information (make checks payable to the Glenview Park District)

___ Visa ___ MasterCard ___ Discover ___ Cash ___ Check Card Holder (print name)

Card Number ____________________________ Amount of Payment ____________________________

Expiration Date ____________________________ Authorized Signature ____________________________

5 Sign the waiver

PARTICIPATION WILL BE DENIED if signature of adult participant or parent/guardian and date are not on this waiver.

Waiver and Release of All Claims and Assumption of Risk

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims as well as the general registration policies. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of Participant or Parent (if participant is under 18 years) ____________________________ Date __________

6 Return your form to:

Park Center 2400 Chestnut Ave. of Glenview Ice Center 1851 Landwehr Rd.