

Meeting: June 14, 2010

Thursday - 7:00 P.M.

10 Scheduled Games + Playoffs

Season begins July 5, 2010

Cost \$2,450 per Team

The captain is fully responsible to submit all players' registration forms and also a team roster attached to the captain's registration form.

PAYMENTS DUE AT OR

BEFORE FIRST GAME

All funds must be submitted in one full payment with accordance to the payment schedule. The exception to this policy would be if an individual player needs to pay by credit card. These credit card payments MUST be paid upon the same day of the payment schedule to avoid an automatic \$35.00 administration fee.

Past Due Payments. If an organization or individual shall fail to pay, a late fee will be added.

All players must be registered USA Hockey. Players can go to usahockey.com to register after April 01, 2010. Copy of their registration receipt will be due with the initial registration.

USA Hockey rules prevail. No alcohol allowed on The Pond property.

The captain signing this registration form hereby agrees that his or her team will abide by all Rink rules and policies and fully understands that games missed for insufficient funds will not be rescheduled.

(All Players MUST be 18 Years and Older)



101 John F. Campbell Drive
Newark, DE 19711
(302) 266-0777 (Fax) 266-7793
www.thepondicearena.com
E-mail: hockey@thepondicearena.com



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**2010
SUMMER
LEAGUE
CORPORATE
HOCKEY
LEAGUE**

**Captain's
Registration
Form**

Preliminary Meeting

June 14, 2010

7:00 P.M.

101 John F. Campbell Drive
Newark, Delaware 19711
(302) 266-0777 (Fax) 266-7793
E-mail:
hockey@thepondicearena.com

THE POND RECEIPT

2010 SUMMER LEAGUE

Adult A League \$2,450.00 Adult B League \$2,450.00 Adult C League \$2,450.00

Team Name: _____ Captain's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Method of Payment

Credit Card Authorization

(Please Check One)

- Visa MasterCard
 Discover Amex
 Cash Check

Credit Card #: _____

Exp Date: _____

Name on Card: _____

WAIVER: In consideration of using The Pond Ice Arena and understanding that there are inherit risks in connection with this activity; I here by assume these risks for myself and/or individual's) under my responsibility. I waive any possible claim that may arise against BSBB Ice LLC, The Pond Inc, and its employees for any damages or injuries sustained in the course of the activity and I agree to indemnify and save harmless and not to assert a claim against or sue BSBB Ice LLC, The Pond Inc., and its employees for any such damages or injuries or any and all other claims which may arise in connection with my (our) use of the facilities, or travel to and from these facilities.

The signature acknowledging this waiver expires one year from the signed registration date

Captain's Signature: _____

Date: _____

Signature: _____

Date: _____

Please make Checks payable to ***THE POND, INC.***

All returned checks are subject to a

(\$35.00 "Returned Check Fee") NO Refunds.

All Registrations are Final.

(All Players MUST be 18 years or Older)

Full Equipment Required

WAIVER: In consideration of using The Pond Ice Arena and understanding that there are inherit risks in connection with this activity; I here by assume these risks for myself and/or individual's) under my responsibility. I waive any possible claim that may arise against BSBB Ice LLC, The Pond Inc, and its employees for any damages or injuries sustained in the course of the activity and I agree to indemnify and save harmless and not to assert a claim against or sue BSBB Ice LLC, The Pond Inc., and its employees for any such damages or injuries or any and all other claims which may arise in connection with my (our) use of the facilities, or travel to and from these facilities.

USA Hockey rules will prevail. No alcohol allowed on the Pond Ice Arena property.

The signature acknowledging this waiver expires one year from the signed registration date.

CUSTOMER RECEIPT

2010 SUMMER LEAGUE

CORPORATE LEAGUE COST
\$2450.00

Team Name: _____

PAYMENTS DUE AT OR BEFORE FIRST GAME

- Visa MasterCard
 Discover Amex
 Cash Check

Credit Card #: _____

Exp Date: _____

Name on Card: _____

Signature: _____

Date: _____

Please make Checks payable to ***THE POND, INC.*** All returned checks are subject to a ***(\$35.00 "Returned Check Fee")***

NO Refunds. All Registrations are Final.

(All Players MUST be 18 years or older) Full Equipment Required

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Captain's Signature: _____

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