

**OTHER PROGRAMS
OFFERED AT THE RINK AT
LEHIGH VALLEY**

ADULT LEARN TO PLAY

This program is offered to adults who are interested in learning how to skate and play ice hockey. This progressive six-week program is for skaters with beginner experience, and who are interested in eventually participating in our Adult Ice Hockey League Program.

IN HOUSE ICE HOCKEY

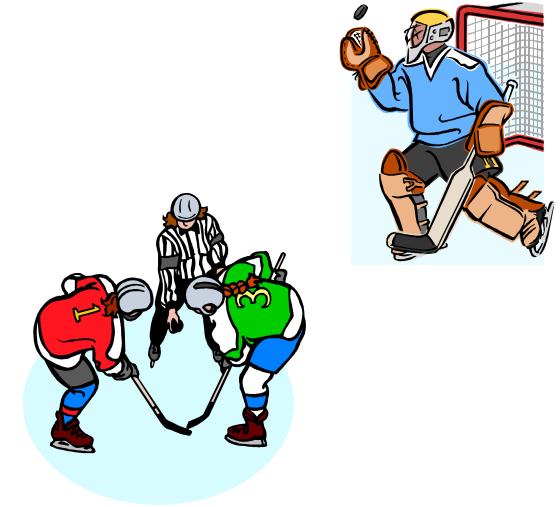
This program has been developed for youth players around the area. Our program is designed not to conflict with any other sport during the season. The first 10 games and 5 practices will run from October through December. Exact dates and times will be announced at a later date.



3323 7th Street
Whitehall, PA 18052



ADULT ICE HOCKEY LEAGUE



FALL & WINTER 2009-2010



3323 7th Street
Whitehall, PA 18052
Off MacArthur Rd, two
miles north of the Malls
610-434-6899

www.lehighvalleyicearena.com

610-434-6899

REGISTER NOW FOR THE SEASON!



Welcome to *The Rink at Lehigh Valley* Fall and Winter 2009-2010 Adult Leagues. *The Rink* has many conveniences to serve you such as Ruff's Sports Pro Shop, a snack bar, and locker rooms with cold showers. Coming soon ... hot water!

ADULT ICE HOCKEY LEAGUE INFORMATION



- 24 games (includes playoffs)
 - Fees do not include, but required USA Hockey Membership
 - Includes referees and score keepers
 - League champions and runner-ups will receive awards
- * DATES AND TIMES ARE SUBJECT TO CHANGE ***

LEAGUE LEVEL DESCRIPTION

Restructured Division Format (limited intra division play)

- “B” Adult Intermediate/Advance
“C” Adult Beginner/Intermediate

TEAM FEES

The following is the team fees and payment schedule for teams participating in the Adult Ice Hockey League.

\$5,000 (per team)

**Individual payments accepted
NO CASH REFUNDS**

2009-2010 Adult Ice Hockey League Application

Team Name: _____

Team Color: _____

TEAM REP/INDIVIDUAL INFO

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Date of Birth: _____ Age: _____

LEAGUE DIVISIONS

“B” “C”

PAYMENT & CONSENT INFORMATION

Please make checks payable to:
THE RINK AT LEHIGH VALLEY

Please Circle One:

Cash Check Money Order Visa MC

Credit Card #: _____ Exp Date: _____

IN CONSIDERATION OF THE BEING PERMITTED TO REGISTER IN THE ADULT HOCKEY LEAGUE WE DO HEREBY FOREVER RELEASE AND DISCHARGE THE RINK AT LEHIGH VALLEY AND LEHIGH VALLEY RECREATION INC., ITS OFFICERS, AGENTS, EMPLOYEES AND ANY PERSON, PARTNERSHIP OR CORPORATION CONNECTED HEREWITH COLLECTIVELY "LV" FROM ALL MANNER OF ACTION, INJURY, DAMAGES, COSTS, CLAIMS OR DEMANDS WHICH WE SHALL OR MAY HEREAFTER HAVE SUFFER OR RECEIVE BY REASON OF SUCH PARTICIPATION IN THE CLINIC. THIS RELEASE SHALL BE BINDING ON OUR HEIRS, SUCCESSORS, ASSIGNS, EXECUTORS AND ADMINISTRATORS. ADDITIONALLY, AS AN INDIVIDUAL OR TEAM REPRESENTATIVE, I HAVE READ, UNDERSTAND AND AGREE TO THE RULES POSTED AT THE RINK, PAYMENT SCHEDULE AND TERMS AS STATED IN THIS BROCHURE. I ALSO AGREE TO INFORM ALL TEAM MEMBERS OF RULES AND REGULATIONS, PAYMENT SCHEDULE AND TERMS.

Signature of Individual or Team Representative _____

Date _____