

Is your 1st Year Pee Wee or 2nd Year Squirt ready for checking??

Janesville Youth Hockey Club
Checking Clinic
~~SAVE THE DATE~~

When: Sunday—September 19 & 26

Time: 1:00—2:30 PM

Where: Janesville Ice Arena

Cost: \$25.00 for both days

Clinic open to all Bantam, Pee Wee and 2nd Year Squirts.

**To register e-mail Amy Aegerter:
aegerter4@yahoo.com**

Hurry!! Spaces are limited.



Janesville Youth Hockey Club
PO Box 724
Janesville, WI 53547



**Monday or
Thursday Nights
Beginning June 14**



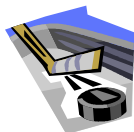
**Summer hockey for
the Stateline Area!!**





Janesville Summer Hockey League Info:

- All games will be played at the Janesville Ice Arena
- Games start Monday, June 14 and run for 12 weeks with a round robin format.
- Game times will be 7:30 or 8:30 PM start time, kids can play baseball and hockey!
- The emphasis of this league is to have fun playing hockey, while working on passing, shooting, and teamwork.
- League directors will split teams evenly through a draft
- Each participant will receive a jersey
- Only summer league registrants can participate, no exceptions
- Registered goalies will be allowed to substitute for absent goalies on other teams.
- League placement based on Fall 2010 Divison.
- All players must be USA Hockey Registered.



Summer Hockey League Details:

- We are targeting 2 teams for each league:
Mite Squirt PeeWee Bantam Girls
- 12-15 players per team
- 2 goalies per team.
- 1 game per week / Monday (Squirt/Bantam/Girls) or Thursday (Ice Mite/Pee Wee/Girls) nights
- Games will be 3 periods and completed in 1 hour
- All games will be officiated by USAH certified referees
- The coaches will be responsible for organizing lines, insuring equal playing time, promoting good sportsmanship and fun.
- Coaches will have USAH certification
- Parent coaches can deduct \$50 from fees

Fees are \$125 for skaters; \$65 for goalies
Fees must accompany application
Application deadline May 10, 2009
\$25.00 late fee if received after May 10, 2009
Teams filed on first come, first serve basis

Organized by:
Janesville Youth Hockey Club
Hockey Development Committee

Questions?/ Contact:
 Mary: our3kidz@gmail.com
 Amy: aegerter4@yahoo.com

APPLICATION FORM

Player's Name _____

USA Hockey Number: _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____

E-Mail _____

Date of Birth _____

09-10 Club: _____

10-11 Team Age: Mite Squirt PW Ban. Girls

09-10 Team Level: A B C In-House

Position: Any Forward Defense Goalie

____ Yes, I would like to be a parent-coach

Parental Consent Form: I have read the brochure and agree to the terms herein. I certify that the questions have been answered correctly. I hereby give my consent for my child to participate in this program operated by the Janesville Youth Hockey Club. I further agree that the Janesville Youth Hockey Club and the Janesville Ice Skating Center will not be held responsible for any accidents, injury, or loss, however caused during the summer hockey league attended by my child. This is also my written permission to have my child admitted and attended to for medical or dental treatment in case of sickness or injury.

All applications and fees must be received by May 10, 2009

No refunds. All applicants must have fees paid in order to be included on a team.

Signature of Parent/Guardian _____ Date _____

Make Checks Payable To: Janesville Youth Hockey

Mail To: Janesville Youth Hockey
 c/o Summer League
 P.O. Box 724
 Janesville, WI 53547-0724