

**NEW for 2008!!!**

**A summer hockey league in  
the stateline area.**

**Tired of having to drive to  
the Madison or Milwaukee  
areas to play hockey in the  
summer?**

**We'll join the newest sum-  
mer hockey league, right  
here in Janesville. Save time  
and money by staying right  
in the stateline area. Sign up  
today for one of our two  
leagues.**

**No weekend games**

**Low fees**

**Free jersey**

**Coach & Goalie discounts**

**Focused on having FUN**

**Janesville Youth Hockey Club  
PO Box 724  
Janesville, WI 53547**

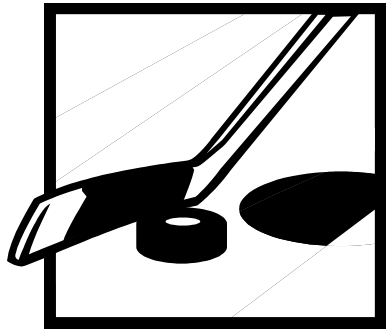
## **Janesville Summer Youth Hockey League**

**2008**

**Monday Nights  
June 9—August 25**



**New.....summer hockey  
for the stateline area!!**



## Janesville Summer Hockey League Info

- We are targeting 4 teams for each league
- 12-15 players per team
- 1-2 goalies per team
- Games will be 3 periods and completed in 1 hour
- All games will be officiated by USAH certified referees
- Adult coaches will be staffed for each team. 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 \$120 for skaters; \$60 for goalies**

**Fees must accompany application**

**Application deadline April 15, 2008**

**Teams filled on first come, first serve basis**

\_\_\_\_\_

**Organized by:**

**Janesville Youth Hockey Club**

**Hockey Development Committee**

**Call Jeff @ 608-752-2044  
with any questions**

## APPLICATION FORM

Player's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

2nd Phone# \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

2007-08 Club \_\_\_\_\_

08-09 Team Age: Mite Squirt Peewee Bantam

08-09 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 April 15, 2008. 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