

Wildcat Sport & Fitness is offering....
Indoor Floor Hockey ~ Winter 2017

Who:
1st – 2nd grade league

When/Where:
Saturdays, January 28 – March 18
Game Times: 9:00, 10:00, 11:00, or 12:00
Location: Center School

***Cost:** \$74.00 (limited enrollment)

*** Cost includes:**
T-shirt, Coaches, Referees, Trophies, and All necessary equipment

Who:
3rd – 5th grade league

When/Where:
Saturdays, January 28 – March 18
Game Times: 12:00, 1:00, 2:00, or 3:00 p.m.
Location: Center School

***Cost:** \$74.00 (limited enrollment)

*** Cost includes:**
T-shirt, Coaches, Referees, Trophies, and All necessary equipment

Orientations - Saturday, January 28:
1st – 2nd grade League – 11:30 – 12:15 p.m.
3rd – 5th grade League - 12:15 – 12:30 p.m.

Payment must be received **NO LATER** than Wednesday, January 18 to:

Mailed To:
Mayfield High School
Wildcat Sport & Fitness
6116 Wilson Mills Road
Mayfield Village, OH 44143

OR

Drop Off In-Peron to:
Wildcat Sport & Fitness
Door #18 (Blue Awning)

Make Checks Payable To: Mayfield City Schools

Indoor Floor Hockey Registration Form

Name _____ DOB _____ Grade _____ Gender: M F

Address _____ City _____ Zip _____

T-shirt size (When in doubt, order larger size) ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL

Home # _____ Cell # _____ Email _____

Emergency Name/Cell # _____ League _____ School _____

Rate Yourself as an Indoor Hockey Player: Enjoys Goalie Very Good Good
 Fair Inexperienced

Total Cost: _____



Master/Visa/Discover Card # _____ **Exp. Date** _____ ***Code** _____

*the code needed is the last three digits on the back of the credit card

Would be interested in coaching if needed (Please Sign Waiver on Back)

I hereby release and hold harmless Mayfield Village including but not limited to the Parks and Recreation Department, Mayfield City School District, and Mayfield Village and all employees, agents, and representatives from any and all claims, cost, damages, and liabilities for any injuries sustained by my minor child's participation in any program offered by Mayfield City School District/Bd. Of Education Community Education Department and Mayfield Village. I understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that my child is physically capable of participating in the program in which my child is enrolled, based upon consultation with my or my child's personal physician.

Signature of Parent or Guardian

Date