

# HOT SHOTZ HOCKEY SUMMER LEAGUE

Hot Shotz Hockey will be played once a week for 6 weeks. There will not be evaluations. All participants will be placed on a team based on age and experience to properly balance the teams. Please bring light and dark jerseys. All players must have full equipment to play which includes: Skates, full cage helmet, mouthpiece, hockey gloves, elbow pads, knee and shin guards and a hockey stick. Register by mail, in person or online at [www.bucksice.com](http://www.bucksice.com) or [www.wintersportsice.com](http://www.wintersportsice.com)

## Divisions:

**Fridays-July 13th-August 17th**

6U at 5:50pm @ Bucks Ice

8U at 7:00pm @ Bucks Ice

**Thursdays-July 12th-August 16th**

10U at 7:10pm @ Wintersport

**Wednesdays- July 11th-August 15th**

12U at 6:00pm @ Wintersport

14U at 7:10pm @ Wintersport

18U at 8:20pm @ Wintersport

**League Fee:** \$135 per player

For more info contact Vince Prozzillo  
at [vince@bucksice.com](mailto:vince@bucksice.com)

or call Vince direct @ 215-932-9321.

## Registration

Players Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Division \_\_\_\_\_

Method of Payment: Make Checks Payable to Wintersport Ice

Cash

Check

Credit Card

The skater and parent/guardian assume all risks and hazards incidental to this program and activities sponsored. Therefore and hereby release Bucks County Ice LLC, its officers, directors, employees, and instructors from any liability on account of injury to a skater however incurred. The parent/guardian hereby gives permission / consent to emergency medical treatment for injuries/illness. A copy of this consent will be as valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**551 York Road, Willow Grove, PA 19090, 215-659-4253**