

Wintersport Royals, a full and limited travel ice hockey program are members of the MAWHA (Mid Atlantic Womens Hockey Association). Players will practice twice a week (full travel) and once a week (limited travel). All games will be on weekends beginning September through February. Practice will be structured by USA Hockey accredited coaches. We will provide a safe and friendly environment where players of all ages can develop skills in a structured setting. Hockey is much more than just a game. It teaches life lessons and requires players to think about the team first, not the individual. For more information contact Vince Prozzillo at vince@buckside.com



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## 2018/2019 EVALUATIONS

APRIL 14th  
&  
APRIL 21st

3:20-4:20

For both

8U & 10U

@ Wintersport Ice

Wintersport Ice Arena  
551 North York Road  
Willow Grove, PA 19090



## GIRLS TRAVEL ICE HOCKEY

Ages 4 to 10

Members of MAWHA

2018-2019



Wintersport Ice Arena  
551 North York Road  
Willow Grove, PA 19090  
215-659-4253  
[www.wintersportsice.com](http://www.wintersportsice.com)

## Fee/Rates

A deposit of \$300 must be paid in full before player evaluations. That fee will go towards your registration. USA Hockey registration is required for all players. Your 2018-19 registration is effective through 8/31/19. We recommend registration with USA Hockey as early as possible. Register at [www.usahockey.com](http://www.usahockey.com) The cost for USA Hockey registration is \$50.00. This fee goes directly to USA Hockey.

## **TEAMS**

### 8U Birth Years 2010-2013

LIMITED TRAVEL- \$895

- 20 Games
- 25 Practices

FULL TRAVEL- \$1475

- 20 Games
- 48 Practices

### 10U Birth Year 2008 & 2009

LIMITED TRAVEL-\$995

- 24 Games
- 25 Practices

FULL TRAVEL- \$1695

- 30 Games
- 48 Practices

**UNIFORMS:** All players are required to have both home and away jerseys, matching socks and shells that must be worn at all games. Uniform package includes home/away jerseys, shells and socks and will cost \$275 for 2018/2019 season. Once the teams are made we will have a fitting scheduled during practice and get the players sized.

## Payment Schedule

The Wintersport Royals Program offers a payment schedule to all of its members. The payment schedule is divided into five equal payments:

- 1<sup>st</sup> Payment Due – 6/1/2018
- 2<sup>nd</sup> Payment Due – 7/1/2018
- 3<sup>rd</sup> Payment Due – 8/1/2018
- 4<sup>th</sup> Payment Due – 9/1/2018
- 5<sup>th</sup> Payment Due – 10/1/2018

We also offer discount program:

**Sibling Discount = 10%**

**Pay in Full (Cash or Check) = 5%**

If ice fees are not paid on a timely basis, the player may be suspended until fees are brought current. Players in the Atlantic District (our local governing body) will be reported to the district and added to the DO NOT PAY list .

## Coaches:

An organization and its teams are only as strong as its coaching staff. All of our coaches are accredited in accordance with USA Hockey's guidelines as well as SafeSport. It is also mandatory that our coaches pass a background check through the Atlantic District. Our coaches share the same philosophy as the club. Sportsmanship, Teamwork, Education and Respect are the building blocks to a successful organization.

## Full Equipment Required

The 8U through 10U divisions must have all equipment that is proper fitting and protects the athlete. Equipment includes: certified helmet with full cage, mouth piece, elbow pads, shin guards, gloves, chest protector, skates, hockey pants, pelvic protector and stick.

## Player Information

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **SHOOTS:** \_\_\_\_\_

## Player Level :

8U \_\_\_\_\_ 10U \_\_\_\_\_

Limited \_\_\_\_\_ Full \_\_\_\_\_

**PREVIOUS TEAM:** \_\_\_\_\_

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: \_\_\_\_\_

Wintersport accepts cash, check or credit card

(Visa or Mastercard)

Make Checks payable to: Wintersport Ice

Method of Payment:

Cash

Check

Credit Card