

# SOUTH SHORE COACHES LEAGUE

of Rockland



10 games for High School Hockey players  
during the Summer of 2010

The teams will be coached by area varsity hockey coaches

**APPLY NOW! SPACE IS LIMITED**

### Where

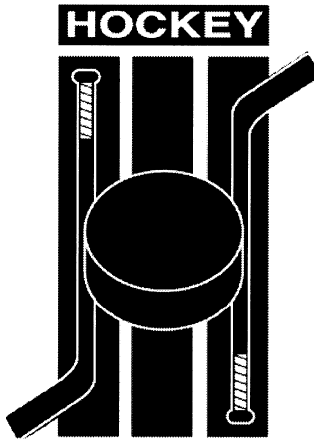
Rockland Ice Rink  
599 Summer St., Rockland, MA  
(781) 878-7500

### When

Each Monday  
Starting 6/14/2010  
Ending 8/23/2010

### Time

1st game at 6:00 pm  
1 hour per game



### Coaching Staff

Bob Sylvia  
Jim Sylvia  
Mike Flaherty  
Bob Walsh  
Tim Hill  
Mark Duffy  
Bill Donovan  
Pat Bambery  
Tim Lewis  
Matt Gibbons

Other Area High School Hockey Coaches

**Fee: \$220.00 per player for 10 games** (See over for payment Options)

Please detach and return

Completed Application with payment must be received prior to 6/1/2010

Name \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Position \_\_\_\_\_ Email address \_\_\_\_\_

Year of H.S. Graduation (Circle One )    2011    2012    2013    2014

In consideration of being allowed to participate in this league, the undersigned acknowledges and understands that he/she will be engaging in activities that involve risk of serious injury which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others rules of training, condition of premises or of any equipment used. Further that there may be other risks not known or reasonably foreseeable at this time. I by signing below acknowledge and assume all risks and accept personal liability for any and all damages that may result from my participation in this program, and to hold harmless Rockland Ice Rink, its directors and employees, and instructors from any and all liability that may result from my participating in the program. I/WE have read the above waiver and release and understand it.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Please send application & check payable to Rockland Ice Rink to: Fred Isleib  
For information call: (781) 871-0547  
129 Damon Road  
Rockland, MA 02370

Summer 2010



## PAYMENT OPTIONS FOR THE SOUTH SHORE COACHES LEAGUE

### A. Pay by Check

1. \_\_\_\_\_ Deposit \$100.00 per player. Balance due on 6/15/010

2. \_\_\_\_\_ Pay in full. **\$220.00** per player

**All checks made payable to Rockland Ice Rink**

### B. Pay by Credit Card

If you select this option, it is requested that you pay the amount of \$220.00 per player in full

1. \_\_\_\_\_ **\$220.00** PER PLAYER

2. MASTER CARD, VISA (Circle One.)

3. Master Card / Visa 

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4. **Exp. Date** \_\_\_\_\_ **3 Digit ID Number** \_\_\_\_\_ (on back of Card)

5. Signature \_\_\_\_\_