

# Hertz Arena

## **ADULT HOCKEY LEAGUES SEPT—JAN 2022/23**

OVER 30, OVER 50, TIER 2, CO-ED 4 V 4  
TIER 3, OVER 40, INTERMEDIATE PREMIER  
INTERMEDIATE A, INTERMEDIATE B  
INTERMEDIATE C1 INTERMEDIATE C2

FOR LEAGUE DESCRIPTIONS VISIT  
[WWW.SKATEEVERBLADES.COM](http://WWW.SKATEEVERBLADES.COM)  
CLICK ON THE ADULT HOCKEY TAB

### **ADULT HOCKEY LEAGUE FEES**

TEAM PAYMENT \$3,300.00  
INDIVIDUAL PAYMENT \$330.00  
ADULT CO-ED 4 V 4 \$300.00 10-12 GAMES

13—15 GAME SEASON INCLUDES PLAYOFFS  
3-12 MINUTE STOP TIME PERIODS  
OVERTIME: 4 ON 4 WITH 5 MINUTE RUN TIME

**\*\*\*\$50.00 USA HOCKEY INSURANCE\*\*\***  
**[WWW.USAHOCKEYREGISTRATION.COM](http://WWW.USAHOCKEYREGISTRATION.COM)**  
**ALL PLAYERS MUST BRING ONLINE REGISTRATION  
PAGE TO LEAGUE DIRECTOR BY THE FIRST GAME**

### **ADULT HOCKEY MANAGER**

ZACH LOMAKA 239-948-7825 EXT 1087  
[ZACHL@FLORIDAEVERBLADES.COM](mailto:ZACHL@FLORIDAEVERBLADES.COM)

**ICE HOCKEY DIRECTOR**  
TONY LESSEL 239-948-7825 EXT 1303  
[TONYL@FLORIDAEVERBLADES.COM](mailto:TONYL@FLORIDAEVERBLADES.COM)

**TEAM PAYMENT \$3,300.00**  
**\$1650.00 DUE BY 9/18/22**  
**BALANCE DUE BY 1ST GAME**  
TEAMS MAKING FULL PAYMENT BY **9/18/22**  
GET A FREE HOUR OF ICE  
**EARLY BIRD INDIVIDUAL \$330.00 DUE BY 9/18/22**

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## REGISTRATION FORM

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

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

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

EMAIL: \_\_\_\_\_

CARD# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

CIRCLE ONE:

GOALIE   TIER 2   TIER 3   OVER 30  
OVER 40   INTERMEDIATE P, A, B, C1, C2  
ADULT CO-ED 4 V 4

**LIABILITY WAIVER**

I agree to release KTB Florida Sports Arena, LLC, Florida Everblades LLC, Everblades Food Services LLC, PK Hockey Holdings LLC, and Hoffmann Everblades Holdings LLC, and their respective parent and affiliated companies and their respective successors, directors, officers and employees as now or hereafter may be constituted from and against all liability claims, suits, demands, judgements, costs, interest and expense arising from any injury or death. I assume all responsibility for myself, or as legal guardian for a child, parent, or other person, so identified for any bodily injury that may occur as a result of the inherent risks of skating. Any participant who causes damage will be suspended from the skating program at the HERTZ ARENA with NO RE-FUND.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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

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

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

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