



Welcome to the 2020-2021 season of Big Sky youth hockey. We are looking forward to another great year. Head Coach Joseph Mcfadden, will be joined by three Assistant Coaches. **Beginners, including those with no skating experience, are welcome!**

Starting: December 7th

Times: **Advanced-** Mondays, and Thursdays, 5:30 PM to 7:00 PM
Beginner- Wednesday 5:30pm-6:30pm

Format: Group coaching for all clinics, with scrimmages after. This year we will split up the more advanced skilled kids who will skate on Mondays and Thursdays. The beginners and less advanced kids will skate on Wednesdays. We will focus more on skating skills, hockey fundamentals, and teamwork.

Cost: \$150.00 for the season (12/7/20- 3/18/21) **Advanced**
 \$75.00 for the season (12/7/19- 3/17/21) **Beginner "Learn to Play"**

Equipment: Kids who participate must be outfitted with a full set of USA Hockey protective gear: Helmet with cage, shoulder pads, elbow pads, gloves, hockey pants, shin pads, hockey skates, and a stick. For those who need it, we will have some used equipment available at no charge for players on a first come, first serve basis. Please contact us if you are interested.

Please fill out the bottom of this sheet and return to BSSHA at PO Box 160406 or at first nights practice. Please make checks payable to BSSHA.

Childs Name: _____ **Age:** _____ **Weight/Height:** _____

Skating ability (please circle one): Never Skated Some Experience Confident Skater

Does your child need equipment? _____ **If "Yes", what?** _____

Parent or guardian email: _____

Emergency contact name and phone/cell number, if different from above:

Visit our website at bssha.org, for more information on schedules and other events.

Visit us on **Facebook at BSSHA for up to date information**

Minor Participant Waiver and Release

I, the undersigned, (as parent, and/or legal guardian of my minor child) agree to this release of all claims, waiver of liability and assumption of risk ("Waiver and Release") for _____ (print name of the minor child participant, who is hereinafter referred to as "minor and/or the minor's"). I waive any and all claims I may have now and in the future, and release from all liability and agree not to sue Big Sky Skating and Hockey Association, its officers, agents, representatives, employees or coaches [hereafter referred to as "BSSHA"] for any personal injury, death, property damage, or loss sustained by minor participant as a result of the minor's use of the BSSHA ice rink(s) in Big Sky or participation in any programs of the BSSHA, including without limitation, negligence on the part of the BSSHA. I further agree that if I violate this agreement and attempt to bring suit against BSSHA, that I will be held responsible for attorney's fees and any costs incurred by that person in defending such action.

Assumption of Risk I am aware that there are risks inherent in ice sports, including skating and playing hockey, and that I accept on behalf of my minor child all the inherent risks of his/her participating in those activities and the possibility of the minor's personal injury, death or property damage or loss resulting therefrom.

Forum Selection and Choice of Law I agree that any dispute related to any matter shall be subject to the exclusive jurisdiction of the state and/or federal courts located in Gallatin County, Montana, and I agree that Montana Law will govern the dispute.

Severability Clause If any provision of this Waiver and Release is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and the remainder of this Agreement shall remain operative and binding.

In signing this release, I acknowledge and represent that I have read and understood the foregoing Waiver and Release, understand it and sign it voluntarily as my own free act and deed; no oral or visual representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration, including the opportunity for my minor child to participate in this program, fully intending to be bound by same. I agree that this Waiver and Release will be binding upon my heirs, next of kin, executors, administrators and successors. I affirm that I have fully understood and agree to the Waiver and Release of Liability.

X _____ **Print Name** of Parent or Legal Guardian Date (Must be 18) of
Minor Participant listed above

X _____ **Signature** of Parent or Legal Guardian Date (Must be 18) of Minor
Participant listed above