



902 Wake Forest Rd.  
Raleigh, NC 27604

## The Salvation Army Community Center

### Athletic Programs

Chris Straits, Athletic Director  
Phone- (919) 832-6918 ext. 116  
chris.straits@uss.salvationarmy.org



Weather line (919) 832-6918 ext. 222  
Fax-(919) 832-8500



## 2009 Fall Street Hockey League Supported by The Carolina Hurricanes!!



**Dates:** August 24- October 17

**Ages:** 5-13 (based on child's age as of September 1, 2009)

**Leagues:** 5-7 year olds; 8-10 year olds; 11-13 year olds  
\*All leagues are co-ed

**Cost:** \$50 per child

**Practices:** Practices will take place on Monday, Tuesday or Thursday afternoons/evenings. Practices times will be at 4:30 PM, 5:30 PM or 6:30 PM.

**Games:** Will be played on Saturday's starting September 12<sup>th</sup> and will run until Saturday, October 17<sup>th</sup>. Games will start at 9:00 AM.

- **All Practices and Games will be held at The [RecZone](#) in Raleigh- 912 Hodges St. Raleigh, NC 27608. Located 1.9 miles from the community center.**

**Equipment:** It is required that all players wear shin guards. Sticks, goalie gear and helmets (with face mask) will be provided by The Carolina Hurricanes and The Salvation Army.

**Player Registration:** Starts **June 15<sup>th</sup>** and runs until **August 17<sup>th</sup>**. Registration forms may be mailed to 902 Wake Forest Rd. Raleigh, NC 27604 or faxed to 919-832-8500. All payments must be received before the start of the season. We will do our best to accommodate your requests.

- **Free Coaches and Kids Clinic- Monday, August 17<sup>th</sup> at 6:00 PM- 8:00 PM!** Come learn some fundamentals of the game! The kids will have a chance to meet Stormy and learn more about our league. All interested can sign up for the league at this time!

**We are in need of Coaches!** If interested, please contact Chris Straits at the above phone number or email address. All coaches will be required to attend the coach's clinic on August 17<sup>th</sup>.

**Sponsorship:** Sponsorships are a vital part of our athletic programs. Sponsoring a team is \$400 and helps pay for jerseys, equipment, trophies, and scholarships. Sponsors are recognized on all the team's jerseys. Please note your interest in a sponsorship at the bottom of the registration form or contact Chris directly.

*"A Christ-centered atmosphere is maintained in our pre-game devotions and prayers for each sport."*



DOING THE MOST GOOD™



## The Salvation Army Community Center 2009 Street Hockey League Registration Form- Ages 5-13

Player's Name \_\_\_\_\_ Gender (circle): M or F

Child's Age (age as of September 1, 2009) \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Parent(s) Names (Both) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Shirt Size (circle one) Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XLarge

Emergency contact person(s) (someone other than parent) and phone number

1. \_\_\_\_\_

2. \_\_\_\_\_

Are there any health conditions that your child has that could affect his/her ability to participate in this activity? Yes\_\_\_ No\_\_\_

If "YES" please explain \_\_\_\_\_

Team Choice or Coach: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Would you like to sponsor a team? Yes\_\_\_ No\_\_\_ Maybe\_\_\_ Tell me more\_\_\_

Sponsor Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Would you like to Coach or Volunteer? \_\_\_\_\_ Does your employer match volunteer hours with a donation? \_\_\_\_\_

If unsure, please provide your HR dept's contact info \_\_\_\_\_

### Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents. I further agree to indemnify and hold harmless The Salvation Army and its staff, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please consider donating to the **HURLEY RAYNOR COMMUNITY FUND**. The HRCF seeks to serve and provide life changing scholarships to underprivileged youth through The Salvation Army Community Center. The fund also helps defray costs associated with the purchases of program equipment and facility improvements. This fund honors Coach Hurley Raynor who has coached two generations of community center families...help honor the coach and support deserving youth in our area!

\$5\_\_\_ \$10\_\_\_ \$20\_\_\_ \$50 (or more)\_\_\_



**ICE SKATING RINK PARTICIPANT  
-- READ BEFORE SIGNING --**

In consideration of being allowed to participate in any way in related events and activities at the RecZone, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in activities at the RecZone, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in activities as the RecZone. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE RecZone, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. Arbitration: In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the facility arising from my activities at the facility. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless otherwise mutually agreed to by all the parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
PARTICIPANT'S NAME

x

\_\_\_\_\_  
Age:

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
Date Signed:

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date Signed:

EMERGENCY PHONE # \_\_\_\_\_

