

JR BARONS Cross Ice Hockey

A PROGRAM FOR PLAYERS 10 AND UNDER

REGISTER FOR COMBO SEASON AND SAVE!

JR. BARONS CROSS ICE HOCKEY

Jr. Barons Cross-Ice Hockey is specifically geared towards the 10 and under age group and bridges the gap between Learn to Play programs and full-ice game play. Prerequisite: Players 10 and under who have completed Level 1 of the Bruins FUNdamentals Beginner Hockey School or the equivalent. Full equipment required.

BENEFITS OF SMALLER PLAYING SURFACE

- Smaller groups make learning and teaching more effective
- More activity
- More puck contact
- Improved puck control skills
- Scoring skills are enhanced
- Increased speed requires quicker mental and physical reactions
- More repetition/frequency in drills
- Decision making skills are enhanced
- Children have more energy





BLACKSTONE VALLEY ICEPLEX

121 Plain Street, Hopedale, MA 01747 1-888-74-SKATE (Toll Free) 508-478-6423 (Arena) www.fmcicesports.com

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Gross Ice Hockey

| COMBO SESSION** | SAVE 20% | | | | | |
|---|---|---|---|---|---|--------------------------|
| PROGRAM | DAY | TIME | DATES | WKS | COST | ٧ |
| Cross-Ice | Sat | 6:00-6:50 pm | 12/14-4/4 | 16 | \$400 | |
| SESSION ONE | | | | | | |
| PROGRAM | DAY | TIME | DATES | WKS | COST | ٧ |
| Cross-Ice | Sat | 6:00-6:50 pm | 12/14-2/8* | 8 | \$239 | |
| SESSION TWO** | | | | | | |
| PROGRAM | DAY | TIME | DATES | WKS | COST | ٧ |
| Cross-Ice Combo | Sat | 6:00-6:50 pm | 2/15-4/4 | 8 | \$239 | |
| Parent/Guardian Full Name Address: | | | | | | |
| City: | | | State: | Zip: _ | | |
| Phone Number: | | Email: | | | | |
| Yes! My child has com | npleted Level 1 of | f the Bruins FUNdamentals | Beginner Hockey School c | or the equiva | lent | |
| Cross-Ice Hockey program Facility Management Corp participation in this progr child in connection with t | n may be exposed poration and the l ram. I grant to FM the above-identif | knowledge that in consider d to risk of injury that is inh FMC Ice Sports staff are not IC Ice Sports, its representa fied ice sports program(s). I e such purposes as publicity | erent in ice skating progra responsible for any damago tives and employees, the ri agree that FMC Ice Sports | ms. I hereby e or injuries t ght to take p may use suc | acknowledg hat result fro hotographs h photograp | e that om my of my |

REGISTER BY MAIL OR ONLINE

Date

Parent/Guardian Signature

To register by mail, complete the registration form and mail it with payment (check or money order) to the address below. To register and pay online, go to www.fmcicesports.com Check or money order made payable to FMC Ice Sports. Credit card payment can be made online.