

Gilmour Youth Hockey Association

2018-2019 Youth Hockey Information



**Gilmour Youth Hockey Association is still seeking Squirt, Peewee, Bantam, 16-U Girls & 19-U Girls aged players of all skill levels for the 2018-2019 season!!!*

**If your player is new to the GYHA, a CSHL Player Release form is required from the previous program.

The Gilmour Youth Hockey Association will feature:

- The most amount of ice offered and more consistent times/days of the week than any other organization.
- High level experienced coaches with some teams having non-parent coaches.
- Highly knowledgeable organization hockey director and registrar.
- In season goaltending (Neal Conway) and power skating (Laura Stamm) clinics.
- Evaluation groups of high level staff for team selection.
- Each individual player will have an evaluation completed for proper team selection.
- Convenient payment plan for team dues.
- Free facility use for an end of the season party for each team.
- Free Fall clinic for all participants to start off the hockey season.
- Mayfield School District residents receive \$500 discount.

For questions contact:
Mike Chiellino 440.473-8000 (Ext. 7202)
chiellinom@gilmour.org

To register contact:
Rachel Green 440.473-8000 (Ext. 7203)
greenr@gilmour.org

GYHA Registration 2018-2019

Division: (circle appropriate) Squirt (10-U) Peewee (12-U) Bantam (14-U) Girls (16-U) Girls (19-U)

Player's Name: _____ DOB: _____

Address: _____ Email: _____

City: _____ Zip: _____ Phone: _____

Position: _____ 2017-2018 Hockey Team: _____

Credit Card payments accepted by phone. Please call: Rachel Green at 440.473.8000 (Ext. 7203)
Make checks payable to: Gilmour Academy Mail to: Gilmour Ice Arena/GYHA TRYOUT 34001 Cedar Rd. Gates Mills OH 44040

2018-2019 Association Fees:
(\$300 deposit due Immediately to secure placement)
Girls 16-U/19-U \$1400.00
Bantam \$1200.00
Peewee \$1150.00
Squirt \$1100.00

Release of Liability/Acknowledgement of Risk: I/we understand and appreciate that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent paralysis or death. I/we voluntarily and knowingly recognize, accept, and assume this risk and release Gilmour Academy, its affiliates, sponsors, instructors, event organizers, volunteers and officials from any liability thereof.

Parent's Signature: _____ Parent's Signature: _____

BOTH PARENTS OR LEGAL GUARDIANS MUST SIGN