City of Henderson

2021 YOUTH FLOOR HOCKEY LEAGUES

Program goals | Everyone plays • Positive coaching • Balanced teams • Open registration • Good sportsmanship

AGE DIVISIONS

The effective date of age determination for floor hockey is the player's age as of September 30, 2020. Players who are at least 5 years old as of this date are eligible to participate. If there is an age discrepancy, we reserve the right to request birth certificate or other official documentation for team placement.

Division	Age	Eligible Birth Dates
U8	6-7	10-1-12 thru 9-30-14
U10	8-9	10-1-10 thru 9-30-12
U12	10-11	10-1-08 thru 9-30-10
U14	12-13	10-1-06 thru 9-30-08

ENROLLMENT

Registration prior to February 19
One child: $66
Additional siblings: $59.40 per child

Registration on/after February 19
One child: $75
Additional siblings: $67.50 per child
Non-residents add 15%

Players must be from the same immediate family to receive the discount. We reserve the right to request supporting documentation.

WAYS TO REGISTER

Online, mail-in, and drop-off registration through February 17
Enroll at: cityofhenderson.com

Mail your registration and payment to:
Arroyo Grande Sports Complex
298 Arroyo Grande Blvd.
Henderson, NV 89014

Drop-off registration accepted at all recreation centers, the Sports Office and player ratings, space permitting

For information:
702-267-5717
COHyouthleague@cityofhenderson.com

City of Henderson leagues are designed to guide each participant through an organized program and to develop the fundamental skills of floor hockey while emphasizing fun and sportsmanship.

- U8 divisions are co-rec with no scores or standings kept
- Days, times and locations of practices are at the volunteer coach's discretion
- Teams are formed according to the player rating system
- Space is limited
- All games are held on weekdays at the league's discretion

PLAYER RATINGS

Player ratings will be held at Anthem Hills Rink, 2256 N. Reunion Hills Dr.

Division	February 18	February 22
No ratings for U6 or U8		
U10	6:00pm	6:00pm
U12	7:00pm	7:00pm
U14-U19	7:30pm	7:30pm

Practices begin week of March 8 | Games begin week of April 5 | Season ends week of May 17

REGISTRATION CODES

Zone 1: For youth residing within 89002, 89005, 89009, 89011, and 89015 ZIP codes
Zone 2: For youth residing within 89011, 89014, 89074, and Las Vegas ZIP codes (except 89123 & 89183)
Zone 3: For youth residing within 89012, 89044, 89052, 89053, 89123, and 89183 ZIP codes

Zone	Division	Code
1/2/3	Floor Hockey U8B	631250-68
1/2/3	Floor Hockey U8G	631251-68
1/2/3	Floor Hockey U10B	631252-68
1/2/3	Floor Hockey U10G	631253-68
1/2/3	Floor Hockey U12B	631254-68
1/2/3	Floor Hockey U12G	631255-68
1/2/3	Floor Hockey U14B	631256-68
1/2/3	Floor Hockey U14G	631257-68
Interested coaches		631260

Youth Sports Registration Form

THIS FORM CAN BE COPIED • PLEASE PRINT AND FILL OUT COMPLETELY

Sports Office • 298 Arroyo Grande Blvd., Henderson, NV 89014

Parent/Guardian: First		Last			
Street Address		Apt.#	City	State	ZIP
Home Phone	Cell Phone	Emergency Phone	Email Address		
Participant #1: First		Last			
Birthdate	Age	Height	Gender		
Participant #2: First		Last			
Birthdate	Age	Height	Gender		
Participant #3: First		Last			
Birthdate	Age	Height	Gender		

All refunds are subject to a $5 service charge.

Parents may request placement with ONE other player who is registered in the same division, for U6 and U8 divisions ONLY.

• Multiple player requests will not be honored. • Request must be mutual (the player you request must request you).

• U10 – U19 division player requests will not be honored; teams are formed by the player ratings system in these divisions.

• Requests submitted after player rating days will not be honored. • Requests for placement with specific coaches will not be honored.

Player requests are one of many variables considered when making teams. These requests are not guaranteed. The Sports Office will make final determination on roster placement. Please confirm the player you request is enrolled in the program. Sports Office is not obligated to honor requests after player rating dates. Place your request here:

_____ requests to be with _____. Both players are registered in the **U6 U8** division.

Your child's name — Requested child's name — Please circle one

Please confirm the player you request is enrolled in the program. Sports Office is not obligated to honor requests after player rating dates.

FITNESS & SPORTS ACTIVITY WAIVER OF LIABILITY AND DISCLAIMER

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity.

I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in goodhealth, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; r the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity.

I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph.

This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made.

I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

_____ _____

Participant/parent/guardian signature — Date

Supporting the Americans with Disabilities Act, does patron require assistance? Yes ☐ No ☐

If yes, please specify:

Please return to: Sports Office, 298 Arroyo Grande Blvd., Henderson, NV 89014