

Northside Hockey Program

Boys & Girls Ages 6 - 14

Open for beginner to advance players. Three ability levels are offered.

Cost:

\$25, if you qualify for a free lunch at school

\$50, if you qualify for a reduced price lunch

\$75, if you pay full price for lunch

Fee covers skate and equipment use, transportation, and ice fees. Work credit opportunities are available. Saturday work credit is from 10-12pm at St. Olaf Church, 2901 Emerson Ave. N.

Other costs: Hockey stick, mouth guard, and genital protector. These are for sale at a discounted price from New Directions at equipment check out (if you qualify for a free lunch at school, these are provided free).

There is a preseason of 8 weeks and a game season of 6-7 weeks. During the preseason there are 1-2 practice per week and during the game season there are 1-2 games and 1-2 practices per week.



Figure Skating Program

Boys & Girls

Ages 6 - 16

The Figure Skating Program runs approximately 10 weeks. Group lessons provided on a weekly basis. Northside skaters also have the opportunity to continue in the Parade Ice Garden Spring Skating School.

Skates are available for use during the skating season. A \$5 fee for the entire season covers all cost.

Business Contributors

Hays Companies
Minnesota Hockey
Cornwell Companies
Northwestern Tire
St. Olaf Lutheran Church
Micky's Liquor Store
Engineering Unlimited
Tennant Company
Troy's Auto
AAA Awards

Pride on Ice!

North Minneapolis Hockey and Figure Skating Program



Join our **WINNING** team today!



Minneapolis
Park & Recreation Board

Sponsored by: **NEW DIRECTIONS** YOUTH MINISTRY

2901 Emerson Ave North
Minneapolis, Minnesota 55411
(612) 586-9177

<https://newdirectionsyouth.com>

Joining Hockey and Skating Program is as easy as 1, 2, 3.

1

Complete this registration form

Go to Saturday work credit if you do not have \$25

2

Hockey starts in November. Bring the form and payment to North Commons Park any Wednesday from 6-8 pm. You will get your equipment and a schedule. You may pay in 3 installments.

Figure Skating starts in December. Bring the form and \$5 to either ~~Harriet or~~ North Commons Park to get a schedule.

3

Come to the next scheduled practice. Allow 1/2 hour for putting on equipment.

We Provide

- All skates and equipment
- Transportation to games & practice
- Team & individual coaching

You Provide

- A positive attitude
- A desire to play hockey or skate
- A commitment to attend all games and practices

* No transportation for figure skating

Birthdate verification
 Certificate attached
 On file at _____ (Name of park)



Minneapolis Park & Recreation Board Hockey and Skating Registration form

Last Name: _____ First Name: _____ Female Male

Address: _____ Mpls. Other Birthdate: ____/____/____

Parent/Guardian (Please Print) _____ Email: _____

I, the parent/legal guardian of the above named child, hereby give my permission for participation in any and all above named sports activities. I assume all risks and hazards incidental to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Minneapolis Park and Recreation Board, New Directions Youth Ministry, the organizer, sponsor, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause. I also agree to return upon request any and all equipment issued to my child in the condition as when received, except for normal wear and tear. I give permission to have my child photo take for marketing purposes.

Parent/Guardian's Signature _____ Date: ____/____/____

Parental Consent for treatment

As parent/guardian of the above named child, I hereby give my consent for any emergency medical treatment as deemed necessary by his/her team manager or other adult escort, in case of illness or injury incurred while participation in the above named sport/activities. I understand that the policy is to call 911 in case of a possible serious injury and that the responding medical team will determine further treatment or transportation to treatment. I understand that this is to prevent undue delay and assure prompt treatment. I understand that I will be notified as soon as possible in case of a serious injury or illness.

Signed _____ Relationship to child _____

Home Phone _____ Work Phone _____

Emergency contact and phone number _____

PLEASE LIST ANY ALLERGIES OR PHYSICAL CONDITIONS: