

South Wood County Recreation Center

Jim Arnold, General Manager

E-Mail: swcrc2000@gmail.com

2711 16th Street S Wisconsin Rapids, WI 54494 Phone: 715.421.3311

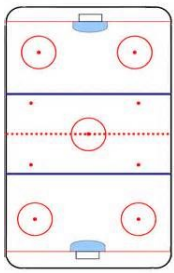
Our Fall Hockey program will be played cross ice for all age levels. The program is 100% games orientated. Teams will be formed without tryouts. The program will not track stats, keep scores or use referees. This format provides an outlet for skaters to play the game without the traditional constraints of structured drills and practices.

Reducing the roster size allows us to maximize playing time through an appropriate play-to-rest ratio by age level. Skaters will improve core skating skills, agility, balance, coordination, quickness and an increased overall compete level. The cross ice hockey format will increase the number of shots on goal, passes, puck touches, body contact and puck possession battles. Less time and space increases the frequency of making hockey decisions and boosts hockey sense.

We are confident our fall program will provide a positive environment for improving skill development. More importantly, they will have FUN while gaining confidence to play at the next level.

Location

All fall Development sessions will be held at South Wood County Recreation Center. The facility is located at 2711 16th Street South Wisconsin Rapids, WI.



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Program Format

Mini Mite (6u):

- 4v4 cross ice based on skaters per session
- 10-12 skaters per team
- Three 18-minute periods
- 60-second line changes
- Mini nets
- No goalies
- No referees
- No scores
- No checking
- No slapshots
- No icing or offsides
- Chase penalties
- Black pucks

Mite (8u):

- 4v4 cross ice based on skaters per session
- 10-12 skaters per team
- Three 18-minute periods
- 60-second line changes
- 3/4 size nets
- Goalies allowed, not mandatory
- No referees
- No scores
- No checking
- No slapshots
- No icing or offsides
- Chase penalties
- Black pucks

Squirt (10u):

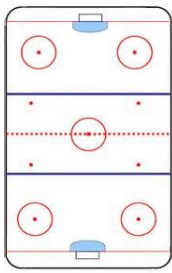
- 3v3 cross ice based on skaters per session
- 10-12 skaters per team
- Three 18-minute periods
- 90-second line changes
- Full size nets
- (1) Goalie per team
- No referees
- No scores
- No checking
- No slapshots
- No icing or offsides
- Chase penalties
- Black pucks

PeeWee (12u):

- 3v3 cross ice based on skaters per session
- 10-12 skaters per team
- Three 18-minute periods
- 90-second line changes
- Full size nets
- (1) Goalie per team
- No referees
- No scores
- No checking
- Slapshots allowed
- No icing or offsides
- Chase penalties
- Black pucks

Coaches

Wisconsin Rapids Riverkings players and Red Raider High School players will help keep games flowing.



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REGISTRATION

Mini Mites 6U (Ages 5-6)

Dates: September 4,9,11,16,18,23 & 25

Who: Boys & Girls 5-6 years old

Time: 5:00pm-6:00pm

Rink: SWCRC

Cost: \$75.00

Registration Deadline: August 31st, 2018

Mites 8U (Ages 7-8)

Dates: September 4,9,11,16,18,23 & 25

Who: Boys & Girls 7-8 years old

Time: 5:00pm-6:00pm

Rink: SWCRC

Cost: \$75.00

Registration Deadline: August 31st, 2018

Squirts 10U (Ages 9-10)

Dates: September 4,9,11,16,18,23 & 25

Who: Boys & Girls 9-10 years old

Time: 6:15pm-7:15pm

Rink: SWCRC

Cost: \$75.00

Registration Deadline: August 31st, 2018

Peewees 12U (Ages 11-12)

Dates: September 4,9,11,16,18,23 & 25

Who: Boys & Girls 11-12 years old

Time: 6:15pm-7:15pm

Rink: SWCRC

Cost: \$75.00

Registration Deadline: August 31st, 2018

Players Name: _____ Date of Birth: ____ - ____ - ____

Parents / Legal Guardian Name: _____ Phone: ____ - ____ - ____

Mailing Address: _____

Email Address: _____

Physicians Name: _____ Physicians Phone: _____

Other Emergency Contact & phone Number: _____

REGISTERING FOR 8 SESSIONS \$75 (check one)

Mini Mite 6U ____ Mite 8U ____ Squirt 10U ____ Peewee 12U ____

Remit Registration & Payment to:
South Wood County Recreation Center
2711 16th Street South
Wisconsin Rapids, WI 54494

*****You Must Have Your Own Health Insurance to Participate*****

Parent Permission: I hereby give my son/daughter permission to participate in the fall hockey cross ice program. I hereby hold harmless any and all program organizers, coaches, rink personnel, or South Wood County Rec Center for any and all liability arising from injuries which may be sustained by my child while he/she is participating in said program. I do also give my consent for medical treatment for my son/daughter should it be needed. Below is my insurance information and signature verifying the statements herein.

Parent Signature: _____ Insurance Co. & Policy# _____