

# Hyde Cup 2019



**Registration Deadline: Feb 26th**

**Dates: March 12th-16th**

## General Information

- Players must be 18 years or older to participate. High school students are not eligible, no exceptions.
- Register in-person at the Stowe Arena or use the form below to mail-in. All Registrations must be submitted with payment in full. No Exceptions.
- All substitutes must register with the Stowe Arena and be Pre-Approved by the Commissioner.
  - Payments can be accepted in person at the Stowe Arena or by calling (802)253-3054.
  - We accept the following forms of payment: Cash, Check or Credit. **Please make checks payable to Town of Stowe.**
  - For tournament questions, please contact the Hyde Cup Commissioner Brittany Rogers at [hydecupvt@gmail.com](mailto:hydecupvt@gmail.com) or 760-7834.

## Rules

- Teams will be formed using a blind draw by player level. Participants will be contacted by the Commissioner via email to receive the game schedule
- Three 20 minute period per game running time except for goals, penalties and injuries.
- No slap shots
- No checking of any kind
- No fighting (fighting will result in ejection from the game and a life-time ban for the Hyde Cup)
- Have Fun!

## Player Information

**Name:** \_\_\_\_\_ **Male** **Female** **Birth Date:** \_\_\_\_\_  
**Phone: #1** \_\_\_\_\_ **#2** \_\_\_\_\_  
**Email Address (this is our primary mode of contact, please print clearly):** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_

## Skill Level

**Position:** \_\_\_ Offense \_\_\_ Defense \_\_\_ Goal \_\_\_ Sub  
**Have you participated in the Hyde Cup in the past?** \_\_\_ Yes \_\_\_ No  
**Skill Level (please circle one):** (Beginner) 1 2 3 4 5 (Superstar)

**Waiver Agreement:** I am fully aware of the risk for physical injury while participating in sports and recreational activities. I expressly understand that I may sustain personal injury while participating in the sport of hockey at the Stowe Arena, in the Town of Stowe Vermont and shall be participating at my own risk. I hereby knowingly and fully release and hold harmless the Town of Stowe, its employees, elected officials, volunteers, instructors and sub-contractors from any and all liability from injury claims, costs, loss of services damages or loss of personal property, present or future, whether the same be known, anticipated or unanticipated, that may arise while I am participating in the sport of hockey in the Town of Stowe, at the Stowe Arena in said programs.

**This release shall be effective as the date it is signed.**

**Photo Permission:** From time to time photographs will be taken to be used in our publications. Do you give the Stowe Parks and Recreation Department permission to use yours and/or your child's photograph? \_\_\_ Yes \_\_\_ No

**Fees:** Players (\$90Res/\$100NR)      Goalies(\$40Res/\$50NR)      Substitute (\$20 per game)

**Checks can be made payable to Town Of Stowe**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Registration Forms and Payment can be mailed to:

Stowe Parks and Recreation  
Attn Tony Whitaker

PO Box 730  
Stowe, VT 05672