

17 & Under Roller Hockey League Registration Form

Player Name _____

Email Address _____

Note: Schedules and information will be distributed via email and our web site www.indianarollerhockey.webs.com

Address _____

City/State/Zip _____

Primary Phone _____ **Cell** **Home** **Work**

Emergency Contact _____

Emergency Contact Phone Number _____

Date of Birth _____ **Age** _____ **Male** **Female**

To help us provide equally competitive teams, please circle the appropriate skill level:

Position you would like to play: _____

A level—high school experience

B level—Organized league play

C level—Recreational Player

D level—Beginner

If you wish to be placed on a team with another player(s) please list their names below. Our best effort will be made to place you on the same team, however we cannot guarantee this placement. I want to be paired with the following players:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

Required Equipment for all players under the age of 18 is: A HECC approved helmet with face shield (mouthpiece is optional but highly suggested). Gloves-no ripped or open palms permitted. Skates-Exception for goalies who may wear shoes. Shinguards and elbow pads, other protective padding optional but highly recommended. Goalies-all padding required including leg pads, chest protector, blocker and catching glove along with helmet.

RELEASE

In consideration of White Township and IRHL permitting my participation in roller hockey, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.

(must be signed) **PLAYER**

(must be signed) **PARENT / GUARDIAN**
(if under 18)

Submit completed form to: S&T Bank Arena
497 East Pike Rd.

For Office Use only

Date Received _____ Fee Paid _____ Cash _____ Check _____ Signature _____

Registration forms must be completed and fees must be paid in full by June 10th

16 games—Playoffs will be included

Day: Monday and Thursday evenings

Dates: June 15th—August 6th

Time: Starting at 6:00pm

Where: S&T Bank Arena

Fee: \$100

You may register as an individual player and will be placed on a team or you can ask to be placed with up to 6 other skaters and 1 goalie and we will do our best to accommodate your request.

We reserve the right to adjust teams to ensure fairness. Schedules will be developed based on the number of teams registered and dates available.

Registration forms can be picked up and dropped off at S&T Bank Arena between 7 am and 3:30 pm Monday through Friday or can be left in a sealed envelope at the end of the driveway in the mail box.

Payment will be accepted in either cash or checks.

Checks can be made out to Indiana Roller Hockey League

All players will receive jerseys as part of the registration fee

If we receive enough registrations we will have the jerseys screen printed with numbers at no extra cost. Please provide 3 number choices, numbers will be assigned on a first come first serve basis.

NUMBER: _____

If you have any questions or comments please contact a league manager.

League Manager:

Alan Shank—phone—724-388-1788

email—hockeycrunk@yahoo.com