



# Winter 2018

## ADULT HOCKEY REGISTRATION FORM



ALL PLAYERS MUST BE AT LEAST 18 AND REGISTERED w/USA HOCKEY FOR THE 2017-2018 SEASON  
ALL PLAYERS MUST INCLUDE PRINTED COPY OF THEIR USA HOCKEY CONFIRMATION FIRST WEEK

<p><b><u>First Team</u></b> - Check one</p> <ul style="list-style-type: none"> <li><input type="radio"/> Player - \$325</li> <li><input type="radio"/> Goalie - \$165</li> <li><input type="radio"/> Captain - \$215</li> <li><input type="radio"/> Fire/Police - \$215</li> </ul>	<p><b><u>Second Team</u></b> - Check one</p> <ul style="list-style-type: none"> <li><input type="radio"/> Player - \$230</li> <li><input type="radio"/> Goalie - \$165</li> <li><input type="radio"/> Captain - \$215</li> <li><input type="radio"/> Fire/Police - \$215</li> </ul>	<p><b><u>EARLY REGISTRATION:</u></b> - Check One December 4<sup>th</sup> – December 22<sup>nd</sup></p> <ul style="list-style-type: none"> <li><input type="radio"/> \$25 Discount First Team</li> <li><input type="radio"/> \$10 Discount Second and Third Team</li> <li><input type="radio"/> Missed Discount Period</li> </ul>
<p><b><u>PAYMENT PLAN:</u></b> 1<sup>st</sup> Team – Wk 1 \$187.50.... Wk 9 \$162.50 2<sup>nd</sup> Team – Wk 1 \$140.00....Wk 9 \$115.00 Goalie – Wk1 \$107.50.....Wk 9 \$82.50 Captain/Fire/Police \$132.50....Wk 9 \$107.50</p>	<p><b><u>12 GAME SEASON:</u></b> \$240 This is LIMITED per team. Team captain MUST submit names to director before payment is accepted.</p>	<p><b><u>LATE REGISTRATION:</u></b>  \$25 per remaining game</p>

DESIRED LEAGUE: \_\_\_\_\_ DESIRED TEAM: \_\_\_\_\_ JERSEY NBR: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ GOALIE? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Waiver:** I, the undersigned agree to play according to the rules set forth by both the Greensboro Ice House Adult Hockey League and USA Hockey. The Ice House reserves the right to refuse any player the right to play for infraction of league rules and/or those of USA Hockey. I hereby waive all claims against the Ice House, its agents, or employees for any accidents, injuries, or mishaps however so occasioned.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Office Use Only - Enter Amount charged next to options.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST TEAM: \$	2ND TEAM: \$	FIRE/POLICE: \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAPTAIN: \$	GOALIE: \$	EMPLOYEE RATE: \$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAYMENT PLAN WK1 \$	Wk2\$	\$25 per remaining game \$
<b>TOTAL AMOUNT PAID: \$</b> _____		
<b>Employee SIGN/DATED</b> _____		