



Winter 2019 ADULT HOCKEY REGISTRATION FORM

ALL PLAYERS MUST BE AT LEAST 18 AND REGISTERED w/USA HOCKEY FOR THE 2018-2019 SEASON
ALL NEW PLAYERS MUST INCLUDE PRINTED COPY OF THEIR USA HOCKEY CONFIRMATION

<p>First Team - Check one</p> <ul style="list-style-type: none"> <input type="radio"/> Player - \$370 <input type="radio"/> Goalie - \$185 <input type="radio"/> Captain - \$245 <input type="radio"/> Fire/Police - \$245 	<p>Second Team - Check one</p> <ul style="list-style-type: none"> <input type="radio"/> Player - \$260 <input type="radio"/> Goalie - \$185 <input type="radio"/> Captain - \$245 <input type="radio"/> Fire/Police - \$245 	<p>EARLY REGISTRATION: - Check One Jan 3rd 2019 – January 17th 2019</p> <ul style="list-style-type: none"> <input type="radio"/> \$25 Discount First Team <input type="radio"/> \$10 Discount Second and Third Team <input type="radio"/> Missed Discount Period
<p>PAYMENT PLAN: \$25 Service Fee 1st Team – Wk 1 \$210.... Wk 10 \$185 2nd Team – Wk 1 \$155....Wk 10 \$130 Goalie – Wk1 \$117.50.....Wk 10 \$92.50 Captain/Fire/Police \$147.50....Wk 10 \$122.50 NOT VALID FOR EARLY DISCOUNT</p>	<p>14 GAME SEASON: \$290 Team Captain AND Director Approval needed. LIMITED amount per team given. See team captain FIRST NOT VALID FOR EARLY DISCOUNT</p>	<p>LATE REGISTRATION: \$25 per remaining game **First or Second Team**</p>

DESIRED LEAGUE: _____ DESIRED TEAM: _____

PLAYER NAME: _____

ADDRESS: _____ CITY: _____

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