



# LEOMINSTER DEKHOCKEY CENTER

P. O. Box 1066, Leominster, MA 01453 ■ Phone: 978.537.6711 ■ Fax: 978.534.3460

[www.mystreethockey.com](http://www.mystreethockey.com)

REGISTRATION FORM

Age \_\_\_\_\_ Division \_\_\_\_\_

New Player      Position \_\_\_\_\_

Returning Player

Ice Hockey Experience

Team/Request \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registrants Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Tel# \_\_\_\_\_

Cellphone # \_\_\_\_\_

Season: (Circle One) *Winter / Spring / Summer / Fall* Registration Fee \_\_\_\_\_

**League Regulations...** Once a registrant has been assigned to a team, the money is non-refundable. Each participant is required to provide their own protective equipment. Any team jersey or equipment must be returned at the end of each season.

**Release of Liability / Acknowledgment of Risk...** I, the applicant \_\_\_\_\_ or We the parents or guardian of the above applicant \_\_\_\_\_ understand voluntarily and knowingly recognize, accept and assume all risk and hazards incidental to such participation, including transportation to and from activities and I/We hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, corporation owners of the premises and persons transporting me/our child to or from activities for any claim arising out of an injury to me/our child. I/we understand that participation in the sport of Dekhockey, Streethockey, Rollerhockey constitutes a risk to me/us, including serious injury. I/we also agree to abide by the rules and regulations of the league.

**A Non-refundable deposit of \$50 is due at time of registration (Payment is due in full by the start of the season).**

### PLEASE READ BEFORE SIGNING

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent or Guardian / Individual (over 18)

A \$10.00 late charge will be applied to any registration not paid INFULL by the 3rd game of the season.



Website: [www.mystreethockey.com](http://www.mystreethockey.com)

Tel: 978.537.6711

### RECEIPT

Received From: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received By: \_\_\_\_\_