



Fall 2019 ADULT HOCKEY REGISTRATION FORM

All players are to register prior to August 27th, 2019. Returning players have until August 26th to submit payment to be able to return to team of choice. On August 27th all new paid unassigned players will be placed into unpaid team spots without exception.

<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"/> First Responder - \$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"/> First Responder - \$245 	<p>EARLY REGISTRATION:</p> <p>August 1st – August 15th, 2019</p> <ul style="list-style-type: none"> <input type="radio"/> \$30 one-time discount <p>*NOT PER LEAGUE/TEAM*</p>
<p><u>PAYMENT PLAN: Per League Add-on</u></p> <ul style="list-style-type: none"> • <u>\$25 Service Fee</u> • <u>\$100 due at registration</u> • <u>Balance due October 14, 2019</u> <p><u>NOT VALID FOR EARLY DISCOUNT</u></p>	<p><u>14 GAME SEASON:</u> See team captain for details to be eligible for discount. Player must register in person only.</p> <p><u>NOT VALID FOR EARLY DISCOUNT</u></p>	<p><u>Pro-Rated/Late Registration</u></p> <p>See captain and director for registration fee.</p>

PLAYER NAME: _____

League/Team Name (List Unassigned if not unknown)

Team 1 _____ Team 2 _____ Team 3 _____

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 - Circle Options chosen above, enter total amount charged below

TOTAL AMOUNT PAID: \$ _____

Employee SIGN/DATED _____