



LEOMINSTER DEKHOCKEY CENTER

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

www.mystreethockey.com

REGISTRATION FORM

Age _____ Division _____
 CHIPMUNK • PENGUIN • BEAVER • CADET • CADET SR.
 New Player Position _____
 Returning Player Team _____
 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 \$75 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

RECEIPT



Tel: 978.537.6711

Received From: _____ Amount: _____

Date: ____/____/____ Received By: _____

