

Hudson Valley Roller Hockey League

2010 Registration Form Please Print All Information Legibly

Player Information

Name: _____
(Last) (First) (M.I)

Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/___ Phone #: _____ Cell Phone#: _____

Parent/Guardian Name: _____ Phone #: _____

E-mail Address: _____

Emergency Contact Name: _____ Phone #: _____

Are there any Medical Conditions that we should be aware of?: (i.e. Asthma, Allergies) _____

Playoff T-Shirt Size (circle one) S M L XL

Hockey Experience: _____ Position(s) Played: _____

Have you played in the HVRHL before? If so, where and when? _____

Shoots: *LEFT* or *RIGHT* (circle one) Favorite Pro Player: _____

Divisions/(Year Of Birth) (age as of December 31, 2009 determines player's division – please check one)

8U (2001-later) _____ 10U (1999-2000) _____ 12U (1997-1998) _____

14U (1995-1996) _____ 16U (1993-1994) _____ 18U (1991-1992) _____ 21U (1988-1990) _____

The Hudson Valley Roller Hockey League reserves the rights to make the final determination on the participant's division of play, in accordance with their rules and the maintenance of a competitive balance.

During the course of the season, The Hudson Valley Roller Hockey League will photograph players and league activities and carry general information & game statistics at www.HVRHL.com. This will include the player's name, team, position(s), etc. It will not disclose personal information such as dates of birth, e-mail addresses, phone numbers or addresses of the player. ***We do require this information for the purposes of league administration. Your consent is required for participation in the Hudson Valley Roller Hockey League, Inc.***

By signing this document, you and your child agree to the terms and conditions of league administration, game play, and the rules of conduct as found on our website and/or as outlined by USA Hockey Inline. Please attach two wallet photos and a birth certificate (if this is your first year in the HVRHL).

I hereby acknowledge and consent: _____
(if under 18, your parent must sign below)

I hereby acknowledge and consent: _____
(Parental Signature)