

Delran Hockey League / Spring 2010 Registration

Registration for 18-30 Roller Hockey

Please mail your registration with a check or money order (made payable to Delran Hockey League (there will be a \$15.00 returned check fee)) to:

Delran Hockey League
P.O. Box 999
Delran, NJ 08075

Required Equipment: Hockey Helmet (full-face shield/cage recommended); Hockey Gloves; Elbow Pads; Shin and Kneepads; Protective Cup; Mouthpiece (recommended).

10 Game Season plus Playoffs: Playing all 10 games is contingent upon the weather. Games will be played on Fridays and Saturdays. Make up games could be played on any other day. Registration Fees (includes Jersey): All players..... **\$75.00**

Volunteer Captains Needed

(If you'd like to captain a team, which includes drafting a team please note below)

Any questions or additional information call 856-906-8703 or email: delranhockeyleague@gmail.com

You can also visit us on the web at www.delranhockeyleague.com

Late registration by mail will accepted up to April 17th.

Season starts: Friday, May 14, 2010

Paid the amount of: Money Order: _____ Check # Amount _____
By: _____
Date: _____

Please fill out and return this portion with your check or money order:

Player Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____

Emergency Contact and Phone: _____

Players' Age (as of 5/14/2010): _____ **DOB:** ___/___/___

Captain: (Yes / No), If YES, you will be randomly selected to draft a team and will be the acting coach of the team. This requires you to call your teammates regarding games, league information, cancelations, etc.

Under 18? You must fill out a specific wavier along with this form in order to participate in the league. Please visit the league website for the downloadable form. *If you are under 18 you cannot captain a team*

Do you play or want to play goalie? (YES / NO) (You must provide your own equipment. If you choose YES, you will be drafted as a goalie and expected to play that position).

Player Rating: Please circle one of the ratings below that best describes your hockey ability against this age group.
1(Beginner) 2(Amateur) 3(Average) 4(Experienced) 5(Advanced)

(Circle One) JERSEY SIZE: (Youth: SM-12 M-14 L-16 XL-18) (Adult: SM M L XL XXL)

Pick 3 possible numbers for your jersey: 1.) _____ 2.) _____ 3.) _____

I understand and assume all risks involved in playing the sport of roller hockey, and hereby waive all rights to any and all claims against Delran Township, and all Delran Hockey League officers and officials and will comply with all DHL operation policies.

SIGNED: _____ **Date:** _____

OFFICIAL USE ONLY (DO NOT WRITE BELOW THIS LINE)

MONEY ORDER / CHECK #

AMOUNT RECEIVED..... \$ 75.00