

**Bucks County's
Premier Sports
Facility**



**1331 O'Reilly Drive, Feasterville PA 19053
Phone: 215-355-2582 ♦ Fax: 215-953-1833**

**Visit us on the web!
Sportsplexpa.com**

ADULT ROLLER HOCKEY TEAM REGISTRATION FORM

TEAM INFORMATION					
Team's Name	Select Tournament or League <input type="checkbox"/> League <input type="checkbox"/> Tournament			Date of Registration	
LEAGUE INFORMATION (if applicable)			WEEKEND LEAGUE ONLY		WWL ONLY
Season <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall League <input type="checkbox"/> Weeknight League* <input type="checkbox"/> Sunday Night League (WWL)* <input type="checkbox"/> Over 30 * Weeknight league and WLL teams should complete extra section on right. →			Team Strength <input type="checkbox"/> Gold <input type="checkbox"/> Silver (team) <input type="checkbox"/> Silver (draft) <input type="checkbox"/> Bronze Requested Game Days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday Requested Game Times <input type="checkbox"/> 6:30 pm <input type="checkbox"/> 7:20 pm <input type="checkbox"/> 8:10 pm <input type="checkbox"/> 9 pm <input type="checkbox"/> 9:50 pm		Team Strength: <input type="checkbox"/> A <input type="checkbox"/> B
TOURNAMENT INFORMATION (if applicable)					
Tournament Name					
Tournament Date		Team Strength <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
TEAM'S MAIN CONTACT					
First Name		Last Name		Contact Phone Number	
Street Address			City, State, and Zip Code		
Alternate Phone Number			Email Address		
Payment					
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Number: _____		Type of Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		Name on Card	
				Credit Card Number	Expiration Date (mm/yyyy)
				Security Code	
Credit Card Address, if Different from Above				Signature	
Read and sign the following waiver to complete this registration form					
<p>I, the undersigned, do hereby release the SPORTSPLEX, its owners, employees, teams, officers, and managers from all claims arising from persona injury, no matter how caused, which I may incur or suffer during my participation in SPORTSPLEX league and tournament games. In addition, I hereby waive any claims, suits, actions, or causes which I may or hereafter have against SPORTSPLEX, its owners, employees, teams, officers, and managers for personal injury, no matter how caused, which I have incurred, may incur or suffer during my participation in SPORTSPLEX league, tournament, as well as scrimmage and practice sessions. I further agree to indemnify and hold forever harmless the SPORTSPLEX, its owners, employees, teams, officers, managers, and successors against all losses, including counsel fees and court costs, from any and all claims made against it by any party as a result of my actions, negligent or intentional, which may result in injury or loss to another participant or spectator. All players/members of the team listed on this Release/Waiver/Indemnity are eligible to play in league competition, scrimmage games, and practice sessions. Anyone participating in any of the aforementioned events that has not signed this Release is and will be considered ineligible and has no right to participate in any event at the SPORTSPLEX.</p>					
Main Contact Signature		Date		Alternate Contact Signature	
				Date	