



The Sportsplex, 1331 O'Reilly Drive, Feasterville, PA 19053
 Phone: 215-355-2582 ♦ Email: mchurchville@sportsplexpa.com

Youth Roller Hockey Individual Athlete Registration Form

Use this form if you are not registering as part of a team and must be evaluated and placed on a team.

The league/membership fee is \$179 (regular league) per player.
 This fee includes a jersey and AAU insurance.

All players must be AAU members. You must provide proof of membership for the current year or apply for a new annual membership when you register for a Sportsplex league. The AAU membership year is September 1 to August 31.

Sportsplex Only			
Team Name:	League: <input type="checkbox"/> Draft <input type="checkbox"/> Team	Age: <input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U <input type="checkbox"/> 14U <input type="checkbox"/> 18U	Season: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter 1 <input type="checkbox"/> Summer <input type="checkbox"/> Winter 2

About you

Athlete's First Name	Athlete's Middle Name	Athlete's Last name		
Mother's Name (if athlete is 18 or younger)		Father's Name (if athlete is 18 or younger)		Guardian's Name (if athlete is 18 or younger)
Street Address		City	State	Zip
Work Phone Number/Extension		Home Phone Number		Cell Phone Number
Email Address			Birth Date (mm/dd/yyyy)	

Your roller hockey interests and experience

Would you like to be a goalie? <input type="checkbox"/> Yes <input type="checkbox"/> No	If possible, please put me on the same team with this player:	Number of years playing roller hockey	Preferred Position
Preferred Jersey Size			
Youth: <input type="checkbox"/> YXL <input type="checkbox"/> YM <input type="checkbox"/> YS		Adult: <input type="checkbox"/> AXXL <input type="checkbox"/> AXL <input type="checkbox"/> AM <input type="checkbox"/> ASL	

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		

You must read and sign the information on the back of this page to complete this registration form.

Read and sign the following to complete this registration form

I, the undersigned, do hereby release the SPORTSPLEX, its owners, employees, teams, officers, and managers from all claims arising from personal 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.

Athlete's Signature	Date	Parent/Guardian's Signature (if athlete is 18 or younger)	Date
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I understand that I must play four games during each season to be eligible for playoffs for that season.

Athlete's Signature	Date	Parent/Guardian's Signature	Date
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