



Registration Date: / /

INLINE HOCKEY ASSOCIATION, LLC
P.O. Box 92, North Syracuse, NY 13212
www.syracuseinlinehockey.com

Registration Form - 2016**Section I - Player Registration**

Name	D.O.B	/	/	Age
Address		Apt.		
City	State	Zip		
Home Phone	Cell Phone	Email		

Section II - Player Conduct Act

I understand that as a player in the Inline Hockey Association, I will play by the rules and act in a respectful manner toward other players, officials, spectators and administration. I will demonstrate professionalism both on and off the rink. In addition I understand this is a contact sport and will not hold the SIHA liable for any injury or damage that result in my participation in playing inline hockey.

Signed X _____ Date _____

Section III - Parental Consent (if under the age of 18)

As the legal parent or guardian of the above registrant, am confirming that the player is 17 years of age at the time of registration. I do hereby give my consent to him/her to play in the Inline Hockey Association and accept the risks involved in playing contact sports.

Print Name: _____ Signature: _____

Section IV - Team InformationWhat position(s) do you play? Check all that apply... Forward ☐ Defense ☐ Goalie ☐ Referee ☐Are you signing-up as an individual or as part of a team? Individual ☐ Team ☐ _____Which skill level do you wish play at? ☐ Advanced (A) ☐ Beginner/Intermediate (B)**Section V - Payment & Signature**

Session	Games	Dates	Fee
<input type="checkbox"/> Summer Session	16*	May - July	\$ 200.00

Make Checks Payable to: Inline Hockey Association, LLC. Amount included: _____

I have read the rules and I do hereby affirm all of the information on this registration form is correct. I understand that my application may be denied for any reason and I may be removed from the league at any time if I fail to observe the rules of play for the Inline Hockey Association.

Signed X _____ Date _____