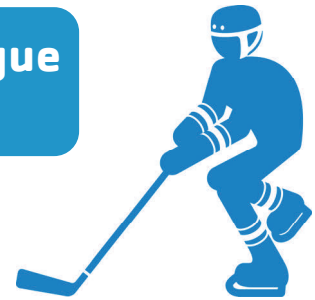




Edwardsville YMCA Roller Hockey League Winter 2018 Session



Registration Accepted Until January 13, 2018
Grades: 3RD to 8TH
Members: \$45 | Non-Members: \$55

Name: _____

Street Address: _____ City: _____ Zip: _____

Phone Number _____ Email Address: _____

Birth Date: ____ / ____ / ____

Grade Currently Enrolled: _____

Grades 3, 4 and 5 will play Saturday Morning
Grades 6, 7 and 8 will play Thursday Evening

YMCA Member: Y: ____ or N: ____

Did You Play In The Hockey League Last Season? Y: ____ or N: ____

Have you played Ice Hockey: Y: ____ or N: ____

Ability level/knowledge of hockey: 1: ____ 2: ____ 3: ____ 4: ____ 5: ____

Rating on 1-5 point system: 1=never played hockey, 5= has had opportunity to play ice or roller hockey regularly.

Are you a FULL TIME Goalie? Y: ____ or N: ____ PART TIME Goalie? Y: ____ or N: ____

PLEASE NOTE: Every player may be required to play goal at least ONE TIME

We try to place you with team mates of your choice (if possible). IT IS NOT GUARANTEED!

1st Choice Name: _____ 2nd Choice Name: _____

**Required Equipment
Furnished by the
Player:**

- Hockey Helmet W/ Face Mask
- Shin Guards
- Elbow Pads
- Protective Cup
- Hockey Stick
- Approved Skates

Winter League is a 7 WEEK Hockey League that begins January 18th, 2018. Teams will have a maximum of 13 players.
Games will be approximately one hour including warm-ups. We use a 2 minute stop clock, every 2 minutes we change lines. This makes it easier for line changes and tries to get every player equal playing time. Age groups with low enrollment may be cancelled or combined with other age groups.
PLEASE NOTE: Every player my be required to play goal at least ONE TIME

Participation Agreement: I agree to my child's participation in the YMCA Roller Hockey program and that he/she will comply with all league rules and regulations. I further agree that I will not hold YMCA responsible in case of an accident or injury. I fully understand that no accident insurance is provided and I am responsible for such coverage as desired.

Parent/Guardian Signature: _____ Date: _____

Please: We need Fathers or Mothers to help with line changes and/or help coach, no experience necessary.
Can you help ? Y: ____ or N: ____ If Yes, Your Name: _____ Phone #: _____

Staff Use Only: (18W1) (2SC7HKYLG1)
Total Fee _____ Date Paid _____ Receipt # _____ Staff Initials _____