

## ROLLER HOCKEY APPLICATION

Player's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent's Name(s) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Player's Age (As of 12/31 This Year) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Did this player participate in the league in the previous season? YES NO  
 Has this child EVER played ice or roller hockey? YES NO  
 Can he/she skate confidently without a stick? BEGINNER YES NO  
 Is this player covered by primary health insurance: YES NO  
 Name of family physician \_\_\_\_\_  
 Does the player have any physical restrictions? YES NO  
 If yes, explain \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I give the Northcoast Roller Hockey Association my permission to transport my child, to \_\_\_\_\_  
 (medical facility) for emergency care or to \_\_\_\_\_ (dentist) for emergency dental, or to the  
 nearest available source of assistance. I understand that I am responsible to provide primary health  
 insurance for my child in case of injury. I acknowledge that I received, read, and signed the waiver of  
 liability for the Northcoast Roller Hockey Association, and give my son/daughter my permission to play in  
 this league. I understand that my son/daughter **MUST** have the following minimum equipment to  
 participate in league play, and that this is **NOT** provided by the league: knee pads, elbow pads, helmet  
 with face guard, heavy gloves for hands, skates, hockey stick and mouth guard. (The League WILL  
 provide Goalie equipment.) Final determination of the appropriateness of any player's equipment will rest  
 with the league officers. League officers reserve the right to move players after the draft in the name of fair  
 play and sportsmanship.

I do give the Northcoast Roller Hockey Association my permission to post my child's name and/or likeness on their web page, newsletter, newspaper, or advertisements.

Parent or Guardian Signature	Date
<b>Parents:</b>	
Are you interested in coaching?	YES NO
Are you willing to help coach?	YES NO
Are you willing to be a referee?	YES NO
What size jersey does your child wear?	YS YM YL YXL AS AM AL AXL AXXL

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### FOR LEAGUE USE

Total Fee Paid \_\_\_\_\_ CHECK CASH CREDIT CARD  
 Team Assigned: \_\_\_\_\_  
 Jersey Size \_\_\_\_\_ Number \_\_\_\_\_  
 Other Brothers/Sisters Playing: \_\_\_\_\_

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