



Adult Competitive League Registration Form

Player Name _____

Email Address _____

Note: Schedules and information will be distributed via email and our web site.

Address _____

City/State/Zip _____

Primary Phone _____ Cell Home Work

Emergency Contact _____

Emergency Contact Phone Number _____

Age _____ (Must be 18 or older) Male Female

Fees: \$190 by Aug 27th - \$250 after Aug 27th - INCLUDES 15 games and playoffs

To help us provide equally competitive teams, please circle the appropriate skill level:

- A level—college experience
- B level—high school experience
- C level—recreational player

If you wish to be placed on a team with another player(s) please list their names below. Our best effort will be made to place you on the same team, however we cannot guarantee this placement. I want to be paired with the following players:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

NOTE: Teams may sign up with a maximum of seven (7) players and one (1) goalie. Other players will be added to complete the final roster. Each player must register individually, provide skill level and team name, if known

_____.

RELEASE

In consideration of White Township permitting my participation in ice hockey, I hereby waive, release, and discharge any and all claims for damages for personal injury or property damage which I may have, or which may subsequently accrue to me, as a result of my participation in this activity. This Release is intended to discharge in advance White Township, and its respective agents and employees from and against any and all liability arising out of or connected in any way with my participation in this activity, even though that liability may arise out of negligence or carelessness on the part of White Township, or its agents and employees.

I further understand that serious accidents occasionally occur during this activity and that participants in this activity occasionally sustain serious personal injuries as a consequence thereof. Knowing the risks of this activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless White Township, its agents and employees, mentioned above, who might otherwise be liable to me for damages.

(must be signed) RELEASOR

Submit completed form to: **S&T Bank Arena
497 East Pike Rd.
Indiana, PA 15701**

For Office Use only Date Received _____ Fee Paid _____ Cash _____ Check _____ Signature _____
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