

Adult Hockey League Registration

COMPLETE ALL INFORMATION ~ PLEASE PRINT LEGIBLY!

Level of Play: A/Mixed B C D Over 30 Over 50

Season: _____ Year: _____

Player's Name

Date of Birth

Address

City

State

Zip

Phone Number

E-Mail Address

USA Hockey Insurance #

Hockey Experience: _____

Jersey #: _____ Team: _____

Position: _____

I will comply with all Iceland Adult League rules, and I understand that any game misconduct may result in a suspension for the entire season, in which I will not receive a refund. I realize that playing hockey is a sport in which injuries can occur and I will not hold Iceland responsible in the event of an injury.

Signature

Date

FOR OFFICE USE ONLY!

PAYMENT: CASH

DISCOVER/ MASTERCARD/ VISA

CHECK # _____

AMOUNT PAID: \$ _____

Staff Initial's _____ Date: _____