

SUFFOLK COUNTY

HIGH



SCHOOL

HOCKEY LEAGUE, INC.

THE RINX • HIDDEN POND PARK • 660 TERRY ROAD • HAUPPAUGE, LONG ISLAND, NY 11788

Player Registration Form

Player's Name: _____ Season 2013-2014 2016-2017
2014-2015 2017-2018
Address: _____ 2015-2016 2018-2019

Zip: _____ Grade at Start of Season _____
Telephone: (____) ____ - _____ School: _____
E-Mail: _____ Birth Date: _____

I, _____, have given permission for my child, named above, to participate as a player for _____ (known as "The Organization") in the Suffolk County High School Hockey League (known as "The League". I acknowledge that I will be responsible for payment of all fees related to the hockey season and that these fees are **non-refundable** once the season begins. Further, I acknowledge that I know of no medical reason why my child cannot participate and that "The Organization" and "The League" disclaims any and all liability with respect to injuries incurred during participation in an ice hockey activity sanctioned by "The Organization" or "The League".

Insurance regulations, USA Hockey rules, League Bylaws and/or Organization rules require all players participating to wear full equipment both on the ice and on the bench. This includes, but is not limited to, approved helmet, neck-guard and mouth-guard.

All players, parents, and spectators are expected to adhere to all Rules, Regulations and By-Laws of USA Hockey, The New York State Amateur Hockey Association, The Suffolk County High School Hockey League, the rules of good sportsmanship and common sense. Unsuitable conduct may result in the expulsion of a spectator from the arena or in a player's dismissal (**no refunds**).

Parent/Guardian Signature Date Player's Signature Date