WNY Roller Hockey League Registration Form: www.wnyrh.com

Have you ever played in the WNY Roller Hockey League before? ☐ Yes ☐ No

How did you hear about the WNY Hockey program ? _

irst Name	Last Name	Date of Birth
treet Address	City	St Zip
hone (Home)	Phone (Other)	
	<u>T</u>	I
laver's age classification is determined	d as of 12/31 of previous year. Proof of Age	is required. (Youth Only)
\Box 3 – 5 vrs	, ,	, , , , , , , , , , , , , , , , , , , ,
	articipate until they have registered. You ca	nbership. Any player that does not acquire the an fill out a brief form at the rink to register. The cost
	-line skating and hockey playing experience	e? (Youth Only)
None WNY Hockey Learn to	Play Program	experience
ay we contact you to inform you of futi	ure beginner and Intermediate programs?	□ YES □ NO
Adult House League Individual \$115 / Goa 30+ League (intended for Adult Beginner F	, ,	
∐ J Visa ☐ MasterCard ☐ Ameri	can Express	Exp. Date CVV (3 dig)
		Exp. Date CVV (3 dig)
	Card #	Exp. Date CVV (3 dig)
Visa	Card # Signature	Exp. Date CVV (3 dig) rable to: WNY Roller Hockey
nt name as shown on card seck / Money Order #	Card # Signature Make pay WAIVER AND RELEASE OF LIABILBILITY AND ASSUME	rable to: WNY Roller Hockey
eck / Money Order # consideration of me being allowed to participate in any I understand the nature of WNY Roller Hockey Lea that I am aware that the Activity will be conducted	Card # Signature Make pay WAIVER AND RELEASE OF LIABILBILITY AND ASSUME way in any WNY Roller Hockey League, I agree and acknowled ague Activities and acknowledge my experience and capabilitie in facilities open to the public during the Activity. I further agre	rable to: WNY Roller Hockey PTION OF RISK dige:
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