2019 WNY Roller Hockey Registration Form: www.wnyrh.com

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

How did you hear about the WNY Roller Hockey program?

Printed name of parent (if player is under 18 years old)

First	Name	Last Name	Date of Birth
tre	et Address	City	St Zip
ho	ne (Home)	Phone (Other)	
ma	il Address (Parent)	<u>Email</u>	Address (Player)
'la	yer's age classification is determined	as of 12/31 of previous year. Proof of Age is re	quired for all youth participants
_	□ 3 – 5 vrs	old \Box 6 – 8 vrs old \Box 9 – 11 vrs o	ld □ 12 – 14 vrs old
ne	mbership WILL NOT be allowed to pa	are required to have WNY Roller Hockey Memb articipate until they have enrolled. You can fill ou time fee of \$35. Online Membership NOW Ava	it a membership form at the rink prior to your firs
۷h	at description best describes your in-	line skating and hockey playing experience? (Y	outh Only)
1	None ☐ Learn to Play Program	☐ Prior house league experience ☐	Other
la	y we contact you to inform you of futu	re beginner and Intermediate programs?	□ YES □ NO
ic	Summer Youth House League \$175 **(If e	RLY BIRD SPECIAL: \$160 if enrolled by 4/1/19) **	– 716-903-2658.
		termediate level Plavers) \$185(plaver) \$120 (goalies)	
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	30+ League (intended for Adult Beginner/In	Express	Exp. Date
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Signature of parent