



Rockaway Township Ice Hockey Winter 2009-2010 Registration



Eligibility: Any Rockaway Township, Rockaway Borough or Wharton resident born before 1/1/2004 up to age 17 by 1/1/2009. First year players will be evaluated to ensure safety and will be allowed to skate on a practice only basis for a \$400 dollar fee until player shows ability to participate in a game environment.

Fees: A \$250 non-refundable deposit is required at registration. Balance of fee will be paid in full by September 1, 2009 for player to be placed on roster. First year Mite or Squirt registration includes player's choice of equipment package or MCYHL Saturday clinic. Investment for all levels will be \$800.00 except Midgets short season of \$300.00. Families with more than one player in the program are entitled to a \$100 discount per child after the first player. All checks will be payable to Rockaway Hockey. Mail registration packets to:

Peter Thornton
140 Decker Rd.
Boonton, NJ 07005

All players are required to provide a completed registration form, notarized emergency treatment form, youth sport code of conduct form, and copy of player's birth certificate.

Questions: Contact David Knightes 973-699-6284, Rockaway Twp. Rec. Dept., or RTHockey@optonline.net

REQUIREMENTS AND LEAGUE INFORMATION:

Level by birth year: Mites:2001-2003, Squirts:1999-2000, Peewee:1997-1998, Bantam:1995-1996, Midget 1991-1994

It is recommended that first-year players participate in hockey clinics or camps prior to joining our program. Practices are expected to begin in September and the season concludes by mid March. League games are held at Mennen Arena or Aspen Ice and do not begin until middle of November. Practice locations are at Mennen, Aspen, or South Mountain arenas.

Full equipment is the responsibility of the player. Team Jersey and socks will be provided by Rockaway Hockey.



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PLAYER'S NAME _____ BIRTH DATE: _____ MALE / FEMALE (circle)

MOTHER/FATHER'S NAME(S) _____

STREET ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE NUMBER _____ CELL _____

E-MAIL ADDRESS: _____ SCHOOL: _____

- Will you be playing on a travel team in 2009/10? (USA Hockey # _____) YES / NO
 - Are you a new player to our program? YES / NO
 - If new player, have you participated in a clinic or any organized hockey? YES / NO
- Please list skating / hockey experience:

First-year player number preference ___/___/___ Jersey Size: YS YL S M L XL

I hereby give my permission for the above player to participate in the Rockaway Hockey program. I understand the Rockaway Hockey program recommends that each and every player have a physical examination by his/her personal physician prior to participation. I assume all risks inherent to and incidental to such participation and hereby release, absolve, indemnify and hold harmless Rockaway Hockey coaches and managers for any claim(s) arising out of injury to above player.

I understand that the Rockaway Hockey program has the right to expel any player whose behavior is deemed detrimental to the club or players. Registration fee will not be refunded under these conditions.

Signature of parent or guardian _____ Date _____

Print name _____