



# Rockaway Township Ice Hockey Winter 2010-2011 Registration

**Eligibility:** Any Rockaway Township, Rockaway Borough or Wharton resident born before 1/1/2005 up to age 18 on 12/31/2010. First year players will be evaluated to ensure safety and will be allowed to skate on a practice only basis for a \$425 fee until the player shows the ability to participate in a game environment.

**Fees:** A \$300 non-refundable deposit (\$200 for Midget short season) is required at registration. Balance of fee must be paid in full by September 1, 2010 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 \$850.00 (\$800.00 if paid in full at time of registration) except Midget short season \$325.00. Families with more than one player in the program are entitled to a \$100 discount per child after the first player. All checks must be payable to Rockaway Hockey. Mail completed 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 prior to play.

**Questions:** Contact David Knightes 862-368-9033, Rockaway Twp. Department of Recreation, or e-mail us at [RTHockey@optonline.net](mailto:RTHockey@optonline.net)

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## **REQUIREMENTS AND LEAGUE INFORMATION:**

**Level by birth year:** Mites:02-04, Squirts:00-01, Peewee:98-99, Bantam:96-97, Midget 92-95

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 are held at local arenas. League games are held at local arenas and do not begin until middle of November. The season concludes with playoffs in mid-March.

Team Jersey and socks will be provided by Rockaway Hockey. Full equipment (including ice hockey approved helmet with full cage or shield, shoulder pads, elbow pads, hockey pants, protective cup, shin pads, skates, and stick) is the responsibility of the player and is required for participation. A colored mouth guard is suggested for all participants, and is required equipment for Peewees, Bantams and Midgets.



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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 2010/11? (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 \_\_\_\_\_