



REGISTRATION FORM

EACH PLAYER MUST READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING:

In consideration of my being allowed to compete, I hereby for myself, my heirs, executors and administrator, waive and release all rights and claims that I might have, or that might arise against LUCKY POGUE INLINE HOCKEY, The Rockville Sportsplex Association, its agents or representatives, for any and all injuries or losses sustained by me while competing in League, practice or tournament play. By making LPIH league payment, I agree to abide by all of the rules & regulations, stated within the TERMS OF AGREEMENT & LEAGUE POLICY pages, located on the league web site.

FRIDAY PUCK: _____ SUNDAY PUCK: _____ SUNDAY BALL: _____

Position: FORWARD: _____ DEFENSE: _____ GOALIE: _____

EXPEIRIANCED: _____ MID-LEVEL: _____ BEGINNER: _____

Name: _____ IF UNDER 18, LIST AGE: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

Email Address: PLEASE PRINT LEGIBLY!

Signature (Parent if under 18): _____

Please make check payable to RRHL and mail payment to:

Jon Brevis
854 Ivy League Lane
Rockville, MD 20850

- Questions? E-mail Jon Brevis at: LPIH@COMCAST.NET
- LPIH web site: RRHLHOCKEY.COM