



# NEW PLAYER Registration Form

(Please print and complete one form per player)

Ck. # \_\_\_\_\_

Cash \_\_\_\_\_

AAU \_\_\_\_\_

Reg # \_\_\_\_\_

## PLAYER INFO

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Male / Female)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ (address you read regularly)

School \_\_\_\_\_ Grade ('09/10) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## PLAYERS HOCKEY EXPERIENCE

Have you played CFRH before? ( Y / N ) Have you played in other leagues - Ice Hockey? ( Y / N ) Roller Hockey? ( Y / N )

Total Years player has been skating \_\_\_\_\_ Total Years player has been involved in hockey? \_\_\_\_\_

Several divisions prefer a permanent goalie for teams; are you interested in being a permanent goalie? ( Y / N )

**Due to increasing league growth requests for coaches, teammates or practice nights no longer honored.**

**CY-FAIR HOCKEY FEES** - (Money is due at time of Registration) \*Please note: We offer a \$25 discount for each sibling that signs up.

**16u Registration Fee: \$190 per player** \_\_\_\_\_

**10u through 14u Registration Fee: \$165 per player** \_\_\_\_\_

**One time jersey fee of \$20 each. (two required)** \_\_\_\_\_

**Total** \_\_\_\_\_

**Total for all players** \_\_\_\_\_

I, the parent/guardian of the above player, do hereby give the approval, for my child to participate in any and all of the activities during the current hockey program, and assume all liabilities and risks directly and indirectly associated with the conduct of the activities, including transportation to and from such activities. Further, I hold harmless and waive all claims, including but not limited to personal injury, bodily harm or property damage against the officers, coaches, assistant coaches, and the organizers of the program, its sponsors or any participating officials appointed by the program. I further understand and agree that the above player will participate and will abide by all the rules of the program regarding conduct and sportsmanship and understand that refusal to abide by the official rules will result in the player being removed from the program

Signature of parent/guardian \_\_\_\_\_ Signature of player \_\_\_\_\_

We, the parents of \_\_\_\_\_, give permission for the emergency medical treatment of our child for illness or accident if we cannot be contacted.

Signature of parent/guardian \_\_\_\_\_ Emergency Phone # (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

## How did you hear about Cy-Fair Roller Hockey?

To help us advertise in the most effective places please circle one or fill in the blank: Newsletter / School Flier / School Sign / Friend / Newspaper /

Web / Played CFRH before / Other (please specify): \_\_\_\_\_

## Volunteers Needed!

Parental volunteers are necessary to ensure the continued success of CFRH. If you are interested in being a Head Coach, Assistant Coach, Referee, or a member of the Moms Booster Club (Chicks With Sticks) please indicate your willingness to volunteer by providing your interest here: \_\_\_\_\_

**ALL REGISTRATIONS WILL BE HELD AT BEAR CREEK ROLLER RINK  
5210 Highway 6 North, Houston TX 77084 – 281-463-6020**

**For more information on Registration please visit our website:  
[www.cyfairhockey.com](http://www.cyfairhockey.com)**