

2008 Inline Hockey Registration and Payment Form

(Must be Filled out Completely. Please Print Legibly)

Name: _____

Date of Birth: _____ **Age:** _____

Street Address: _____ **City:** _____
State: _____ **Zip:** _____

Home Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

Parents Name (If Under 18): _____

Health Insurance Carrier: _____

Policy Number: _____

Playing Ability: Beginner Intermediate Advanced **# of Years Played** _____

Registering For:

League ([Spring](#)) League ([Summer](#)) (League (Both))

Signing Up as an: Individual Team (Only Coaches Need to Register)

Team Name: _____

Contact Person: _____ **Contact Phone:** _____

What League Will You be Playing In: Adult

Payment Information

Program:	Individual	Team
Total Fees: \$	_____	_____
Minus Discounts: \$	_____	_____
Total Due \$	_____	_____

Method of Payment: Cash (In Person) Check MasterCard VISA Discover

CC Account Number: _____ **Exp. Date:** _____

By Signing Below I agree to pay for the above checked services and fees associated with the Indoor Roller Hockey program at Lost Nation Sports Park

If I am signing up as an individual, I agree that I have read the attached WAIVER FORM before I sign my name below. I understand if I am a team contact or coach, it is my responsibility to make sure all parents or players over 18 year of age have read the waiver form and signed the roster sheet. I understand that if this is not turned in before the 1st game of the session, we will forfeit every game thereafter until the roster form is turned in, without a REFUND.

Signature: _____

MAKE CHECKS PAYABLE TO LOST NATION SPORTS PARK

Mail To: Lost Nation Sports Park 38630 Jet Center Drive Willoughby, Ohio 44094
--

PLEASE MAIL BOTH FORMS OR BRING THEM IN-PERSON TO LOST NATION SPORTS PARK. ALL PAYMENTS MUST BE RECEIVED 1 WEEK PRIOR TO THE START OF THE SESSION TO GUARANTEE YOUR SPOT PAYMENT IS DUE WHEN REGISTRATION IS MADE. ROSTER AND WAIVER FORMS DUE BEFORE 1ST GAME.