

REGISTRATION APPLICATION

The Stable
259 North Maple Avenue
Ridgewood, N.J. 07450

Last Name: _____ First Name: _____

Address: _____

Grade: _____ Date of Birth: _____ Phone: _____

Height: _____ Weight: _____ Jersey Size: _____

Experience: _____
(Please describe any experience the player may have, such as 1-year roller hockey or ice hockey)

Goalie Position: Check here [] if interested (Goalie equipment is supplied by RRHA)

ANNUAL REGISTRATION FEE:

MITES: \$49 EARLY SPECIAL if paid registration is made on Oct 18th. This special will include:

- o FREE DRAGONS T-SHIRT
o FREE TEAM JERSEY
o FREE SKATING AND SHOOTING CLINICS (Dates to be announced)

\$65 if paid registration is made after Oct 18th. This includes:

- o FREE DRAGON T-SHIRT
o FREE TEAM JERSEY
o FREE SKATING AND SHOOTING CLINICS (Dates to be announced)

MIDGETS (Grades 4-6) - JUNIORS (Grades 7-9) - SENIORS (Grades 10-12)

\$99 EARLY SPECIAL if paid registration is made on Oct 18th. This special will include:

- o FREE DRAGONS T-SHIRT
o FREE TEAM JERSEY

\$125 if paid registration is made after Oct 18th. This includes:

- o FREE DRAGON T-SHIRT
o FREE TEAM JERSEY
o FREE SKATING AND SHOOTING PRACTICES (Dates to be announced)

REGISTRATION REQUIREMENTS:

- o Checks made payable to: Ridgewood Roller Hockey Assoc.
o Birth certificate and photo (Midgets, Juniors, Seniors only)
o Completed registration form
o Completed emergency treatment authorization form

Mail or drop off to:

The Stable
Attn: Ridgewood Roller Hockey Assoc.
259 North Maple Avenue
Ridgewood, N.J. 07450
(201) 670-5560

PARENTS:

The Ridgewood Roller Hockey Association is comprised of parent volunteers who are trying to provide an opportunity for your child to participate in hockey. We are a growing association that needs your assistance. Please indicate an area, which you will assist us.

- [] Coach RRHA will have clinics for coaching prior to the season.
[] Assistant Coach RRHA will have clinics for coaching prior to the season.
[] Team Parent Someone who will assist the coach with calls and or other matters.
[] Mite League Director Someone who will oversee mite league play.
[] Rink Assistant Someone who will assist in rink cleanup as well as rink setup.
[] Fundraiser Someone who will assist in league fundraising events.

I hereby give my consent to the registration and participation of my child in the Ridgewood Roller Hockey Association for league play.

Parent Name (please print): _____

Signature: _____ Date: _____

EMERGENCY TREATMENT AUTHORIZATION FORM

To whom it may concern:

As a parent and/or guardian of _____, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PLEASE PRINT

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime Phone #: () _____ - _____

Evening Phone #: () _____ - _____

Family Physician _____

Physician's Phone #: () _____ - _____

Date during which release is granted: From _____ To _____

Indicate specific medical allergies, chronic illness, or medical conditions coaches and medical personnel should be aware of:

Other person to contact in case of emergency:

Relationship to child: _____

Daytime Phone #: () _____ - _____

Evening Phone #: () _____ - _____

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Notarized by:

Date: _____