ADULT HOCKEY PLAYER AGREEMENT

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

COMPANY_____ OCCUPATION_____

PHONE(home)_____(work)_____D/O/B_____

EMERGENCY CONTACT (NAME)_____(PHONE)_____

PLEASE READ AND SIGN BELOW:

1. All players in the IcePlex Adult Hockey League(IAHL) are required to wear a helmet. The helmet must be worn while on the ice, on the team bench, and in the penalty box.
2. Alcoholic beverages are not permitted in the rink.
3. Tobacco products are not permitted in the rink.
4. Players are responsible for clean up of tape and other debris from dressing and other off-ice areas.
5. I/we agree to hold Sportsplus Raleigh harmless from any accident or injury incurred while participating in the IAHL or while in the facility for practice, recreation, etc. Any employee or invitee of the IcePlex cannot be held responsible for any accident or injury to participants of the IAHL. I/We agree not to pursue legal action against Owner for damages or injuries.
6. I understand that failure to comply with any league or Owner's rules may result in disciplinary action including, but not limited to, possible suspension from the league, immediate expulsion from the facility and/or loss of skating privileges at the IcePlex to be determined in Owners sole discretion.
7. I understand and agree that I am financially responsible for repair or replacement of any IcePlex property damaged by me.
8. I understand that IAHL acceptance of this application entitles me to one roster position in: (check one)

_____ LTP HOCKEY LEAGUE _____ MORNING LEAGUE
_____ WEEKEND LEAGUE _____ EVENING LEAGUE

Please check your level of play: _____NOVICE(C) _____ INTERMEDIATE(B)
_____INTERMED/ADV.(A/B) _____ ADVANCED(A)

9. I would like to play, GOALIE_____ DEFENSE_____ FORWARD_____
10. I have been playing hockey for _____ years.
11. The last place I played hockey was: City_____State_____

Rink(s)_____Date_____Level_____

12. I agree to play hockey under the IAHL and Owners rules posted.

SIGNATURE_____DATE_____