



RIVERVIEW DEK HOCKEY

PO BOX 286 • OAKMONT, PA 15139 • (412)694-2818
RIVERVIEWDEKHOCKEY@GMAIL.COM

12 GAME SEASON + PLAYOFFS • \$45 CHIPMUNK, \$55 PENGUIN THROUGH FRESHMAN, \$10 OFF EACH ADDITIONAL SIBLING

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Please check the league (based on age on Jan. 1st of current year)

Chipmunk(4-6) _____ Penguin(7-9) _____ Beaver(10-12) _____
Cadet(13-15) _____ Freshman (16-18) _____

Please circle shirt size: **(PAYMENTS MUST BE RECEIVED BEFORE SHIRTS ARE DISTRIBUTED)**

Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large

Player Name: _____ Birthdate: _____ Age: _____
Address: _____ Phone: _____
Gender: _____ Siblings in league: Yes No Name of Siblings: _____

Medical Insurance Carrier: _____ Policy Number: _____
Physician Name: _____ Number: _____ Hospital Preference: _____
Please list any medical problems: _____

Emergency Contact: _____ Number: _____ Relationship to player: _____

Position I am willing to volunteer for: Coach Asst. Coach Team Parent Official Culture Keeper

I, the undersigned parent/guardian give my approval for the above player(s) to participate in any and all Riverview Dek Hockey activities. I, the undersigned parent/guardian authorize the above player(s) to be treated by emergency personnel in the case of an emergency. I, the undersigned parent/guardian acknowledge that participation in dek hockey involves the risk of serious injury, including permanent disability and death. For myself and on behalf of my child/children I willingly assume and accept personal responsibility for all such risks. I grant to Riverview Dek Hockey and its representatives the right to take photographs of me and my property in connection with the above-identified subject. I authorize Riverview Dek Hockey, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Riverview Dek Hockey may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent Name: _____ Phone: _____ Email: _____
Parent Name: _____ Phone: _____ Email: _____
Parent/Guardian Signature: _____ Date: _____

Payment Method: Cash _____ Check No.: _____ Credit Card* _____ Date _____ Initials _____

* \$1.50 processing fee applied to credit card transactions under \$100. Any credit card transaction over \$100 will be 1.5% of total price.