REGISTRATION FORM – YOUTH ROLLER HOCKEY – ALL AMERICAN – Winter 2025

Please complete the form below. We are committed to helping you and your player have an enriching experience while playing here. As a reminder we do not issue refunds, credit will be given to you in the event of an injury during the session being played. Please feel free to contact us with any questions, comments or suggestions. We welcome your feedback!

YOUTH REGISTRATION FO	RM			→ Winter 20)25	
New Team Placement					_	
PRIOR TEAM NAME						
Childs Name:					er Ice	
Date of Birth: Month	Day	Y	ear			
Home Phone		Cell P	hone			
Home Phone* May we text you game/league	information		Player TSh	irt Size		
Email Address						
Mothers Name	Fathers Name					
Are you a goalie?	In	terested in coac	ching? (Yes) (No)		
Fees: (\$210.00) 10% discount * an additional \$30.00 for jersey		•			o further disco	unts for LTP
Division:	Name of School Currently Attending					
* 8U/Open Div (2016 & Young	ger)	LTP Only		\$110.00+ \$3	30.00 Jersey_	
*10U (2014-2015)						
*12U (2012-2013)	*14U (201	0-2011)	*16U	_(2008-2009)	*18U/HS	
FULL TIME GOALIES \$50.00	2 nd Team Free (Goalies only)					
OFFICE ONLY:						
Amount Paid Date	Paid	Check Number		Cash	Credit Car	d
Employee Name		Special No	otes			
Receipt Number						