## **REGISTRATION FORM – YOUTH ROLLER HOCKEY – ALL AMERICAN – Spring 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 FORM	[		> Spring 2	025		
New Team Placement						
PRIOR TEAM NAME						
Childs Name:			_ Experience: R	oller I	ce	
Date of Birth: Month	Day	Year				
Home Phone* May we text you game/league in	formation	Cell Phone	Shirt Siza			
Email Address						
Mothers Name						
Are you a goalie?	Intere	ested in coaching? ( Y	Yes) (No)			
Fees: (\$210.00) 10% discount if I * an additional \$30.00 for jersey w		C I		No further discou	nts for LTP	
Division:	Name	Name of School Currently Attending				
* 8U/Open Div ( 2016 & Younger)	) LT	P Only	\$110.00+	\$30.00 Jersey	_	
*10U ( 2014-2015)						
*12U (2012-2013)	*15U ( 2010-2	.011)*16U_	(2008-2009)	*HS		
FULL TIME GOALIES \$25.00 _		2 <sup>nd</sup> Team Free	e( Goalies	only)		
OFFICE ONLY:						
Amount Paid Date Pa	id(	Check Number	Cash	Credit Card	<u> </u>	
Employee Name		Special Notes				
Receipt Number						