## LYNBROOK ROLLER HOCKEY

# LYNBROOK ROLLER HOCKEY IS NOT AFFILIATED WITH LYNBROOK OR ANY OTHER SCHOOL DISTRICTS

CHECK OUT OUR WEBSITE FOR FAUL 2018
REGISTRATION DATES....DON'T MISS OUT!

YOU CAN PRINY + DROP OFF OR MAIL THIS FORM IN AT ANY TIME....

DROP OFF: GREIS PARK RECREATION CENTER, OFF MERRICK ROAD, IN LYNBROOK
MAIL TO: LRHL, GREIS MEMORIAL PARK, LYNBROOK, NEW YORK, 11563

#### **DIVISIONS FOR THE FALL 2018 SEASON**

Clinic Kids - Born after 1/1/2011 (all ages are welcome!)

Squirts: 1/1/2011 to 12/31/2012
Pee Wees: 1/1/2009 to 12/31/2010
Midgets: 1/1/2006 to 12/31/2008
Intermediates: 1/1/2003 to 12/31/2006

VILLAGE OF LYNBROOK RESIDENTS: \$120.00

ALL NON- LYNBROOK RESIDENTS: \$150.00

BEGINNERS CLINIC - 10 SESSIONS: \$75.00

\*\*\*\* REGISTRATION FEE INCLUDES GAME JERSEY AND INSURANCE \*\*\*\*

TAKE \$10.00 OFF EACH ADDITIONAL SIBLING REGISTRATION

House League: All Skaters Assigned to Teams by Draft

All new registrants must show proof of age and residency.

Make all checks payable to LYNBROOK ROLLER HOCKEY INC

All late registrations will be placed on a waiting list and will be placed on a team only if space is available.

#### NO REGISTRATIONS WILL BE ACCEPTED WITHOUT FULL PAYMENT

ALL NEW SKATERS TO OUR LEAGUE MUST BE EVALUATED TO DETERMINE THEIR TALENT LEVEL, REGARDLESS OF EXPERIENCE. FAILURE TO COME AND BE EVALUATED WILL RESULT IN THAT SKATER NOT BE DRAFTED ONTO A TEAM...THERE WILL BE NO EXCEPTIONS,.

NO REFUNDS OR CREDITS WILL BE ISSUED, REGARDLESS OF REASON, ONCE THE TEAMS FOR THE FALL 2018 SEASON ARE DRAFTED

LRHL reserves the right to place any skater in a Division, regardless of age, that best suits that skater's talent level while keeping competitive balance throughout all The Divisions.

Visit our web site at: www.LYNBROOKHOCKEY.com

### LYNBROOK ROLLER HOCKEY LEAGUE, INC.

GREIS MEMORIAL PARK, LYNBROOK, NY 11563
516-766-5500 (Roller Rink) or 516-599-8000 (Recreation Center)
LRHL Official web site: <a href="www.LYNBROOKHOCKEY.com">www.LYNBROOKHOCKEY.com</a>
E-mail us at: <a href="mailto:LYNBROOKROLLERHOCKEY@yahoo.com">LYNBROOKROLLERHOCKEY@yahoo.com</a> (pp)

FALL 2018 Registration Form, Our 20th year!!!

Last Name	First Name	First Name		
Address:	Town:	Zip:		
Telephone	Emergency #			
Birth Date://			Grade:	
New player ?: Return			ience:	
Mother's name:	Father's na	me:		
E-mail address (please pri	int clearly:			
I would like to help out by v	volunteering for the follo	wing: (please ci	rcle your choice/s)	
Coach Assistant Coac	h Snack Shack	Fundraiser	Anything	
Represent that the roller hocked of any illness, physical condition, engaging in strenuous on-rink of Agree, acknowledges and fully of roller hockey and other strenu permanent disability or death; the personal responsibility for any and Agree that the roller hockey paduring all games, warm ups and dangerous condition, the roller hockey supervisor or one of Participants are responsible to realle Release, waive, discharge and Administrators, directors, agents The corporation, other participant of the premises used to conduct the premi	n, or injury, which would affect off-rink physical activity. In our physical activities that in the undersigned further agrees and all damages follows any substitution is personally responsively participant in the roller had been practices, and if the roller had been practices and if the roller had been proposed in the coaches of the league of the coaches of the league of the coaches of the league of the covenant not to sue Lynbroom supervisors, coaches, counse the activities of the roller hoof y and all claims, demands, lower death or damage to property to conduct of the releases or othe AD THE FOREGOING WAD THE FOR	t the roller hockey participant woolve the risk of ser to assume all foregoth injury, permane as ible to wear full pookey participant obtention to the unsafe or dangly to the league at the owners, lessors key league (all here sees or damages on the owners or alleged therwise.  IVER & RELEAS WAIVING SUBST	participant from  ill be engaged in the sport rious injury including going risks and accept ent disability, or death. rotective equipment eserves any unsafe or immediately notify a gerous condition the time of occurrence. ague, and it's respective other employees of s, and/or lessee of any eafter collectively a account of injury, d to be caused in  SE, SIGN IT FREELY,& TANTIAL RIGHTS.  Guardian Signature	
DATE RECV'DA	AMOUNT PAID:	CHECK #	CASH	
DIVISION: EVALUA	ATION DATE:	RATING:		