

Hockey League Registration Form

Registration Form	
Registration Type: (Circle One) Team or Individual	
Individual or Team Name	Captain/Coach
Address	City, State Zip
Home Phone	Work or Cell Phone
Team Color	Email
Age Group	Level (Gold, Silver, Bronze)
Interested In Coaching? Y N	
Contact Marc Costanza, Hockey Director for questions 630.762.8100 or hockey@sportsplexstc.com	
Waiver/Release (For Individual Registrations ONLY)	
Your signature, as the Participant or the Parent/Guardian of the player, indicates that you understand the inherent risks and possibilities for injury while competing in this activity and being aware of these, give permission for participation and waive any and all liability and negligence of Sportsplex St. Charles, or Sportsplex of St. Charles LLC, and all of its representatives.	
Participant Name	Date
Participant or Parent (if under 18) Signature	

