



**STAFFORD
ROLLER HOCKEY
LEAGUE**
Manahawkin, NJ 08050

President
Kevin Raylman
Secretary
Kerri Hammersa
Treasurer
Doug Raylman

Please Print NEATLY

Name:			
Street Address			
Town		Zip code	
Home Phone #		Age as of 1/28/2021	
CONTACT Cell #		Date of Birth	
CONTACT E-mail:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Does player have any medical needs we should know about?			
Emergency Contact person:			
Emergency Contact Phone number:			
Have you played for Stafford Hockey before?		YES	NO
Has any information changed since last registration?		YES	NO
DO YOU WANT TO PLAY GOALIE?		YES	NO
If YES, do you have your own goalie equipment?		YES	NO
CAN YOUR PARENTS COACH?		YES	NO
If you are a NEW ADULT please circle your SKILL LEVEL		<u>HIGH</u> 1 2 3 4 5 6 7 <u>LOW</u>	

Registration Fees:	AGE	Stafford Resident	Non-Resident	
	Put an "X" in the right boxes		AFTER 1/28/2021	AFTER 1/28/2021
	5-6 yrs. old (CLINIC)		\$50.00	\$70.00
	7-14 yrs. old		\$70.00	\$100.00
	Adult		\$75.00	\$110.00
	Over The Hill		\$75.00	\$110.00

Additional family members
Under the age of 18 will be
Discounted.
(MUST REGISTER AT THE SAME TIME)

Youth & Tuesdays Adult leagues include a jersey

* Price reflects Township Policy for Out of Town Residents

You will be contacted by your COACH for your TEAM ASSIGNMENT
For registration information Contact Kevin Raylman through e-mail staffordhockey@gmail.com
Games scheduled to begin around February 28, 2021

For League Use Only

Checked by:		Date Received	
Amt Received	Cash	Check	New Out of Town

Parents' Code of Ethics Pledge

I hereby pledge to provide support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics

- I will encourage good sportsmanship by demonstrating support for all players, coaches, and officials at every game, practice or other youth sport events.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive enjoyable experience for all.
- I will demand a **DRUG, ALCOHOL, and TOBACCO-FREE** environment for my child and agree to assist by refraining from their use at all youth events.
- I will remember that the game is for the children and not for adults.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, creed, or ability.
- I promise to help my child ENJOY their hockey experience by being a respectful fan and providing transportation whenever possible.

Parents' Signature _____

Date _____

Players' Code of Ethics Pledge

I hereby pledge to provide a positive attitude and be responsible for my participation in youth sports by following this Code of Ethics:

- I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice.
- I will attend every practice and game that is reasonable and notify my coach if I cannot attend.
- I expect to receive a fair and equal amount of playing time.
- I will do my best to listen and learn from my coach.
- I will treat my coaches with respect regardless of race, sex, creed, or abilities.
- I expect to have fun during my sports experience and will alert my parents or coaches if it stops being fun.
- I expect to play in an alcohol and drug free environment and expect adults to respect that wish.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will remember that sports is an opportunity to learn and have fun.

Players Signature _____

Date _____

Waiver

I acknowledge that I am aware of the risks involved in participating in roller hockey. I hereby waive Stafford Hockey League Inc. and the Township of Stafford from any liability arising from the active participation in the Staf-ford Roller Hockey League.

PRINT Name of Participant _____

Signature _____

If minor, signature of parent or guardian required.