



**STAFFORD
ROLLER HOCKEY
LEAGUE**

Manahawkin, NJ 08050

President
Kevin Raylman
Secretary
Kerri Hammersa
Treasurer
Doug Raylman

Please Print NEATLY

Name:

Street Address	<input type="text"/>		
Town	<input type="text"/>	Zip code	<input type="text"/>
Best contact phone #	<input type="text"/>	Age as of 1/28/2025	<input type="text"/>
	<input type="text"/>	Date of Birth	<input type="text"/>

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:	<input type="text"/>
Emergency Contact Phone number:	<input type="text"/>
	X YES X NO
Have you played for Stafford Hockey before?	<input type="text"/>
Has any information changed since last registration?	<input type="text"/>
DO YOU WANT TO PLAY GOALIE?	<input type="text"/>
If YES, do you have your own goalie equipment?	<input type="text"/>
CAN YOUR PARENTS COACH?	<input type="text"/>
Please put your SKILL LEVEL 1-7 where 1 is excellent	<input type="text"/>

Registration Fees:

AGE	Stafford Resident		Non-Resident	
	Before 1/28/2025	AFTER 1/28/2025	Before 1/28/2025	AFTER 1/28/2025
5-6 yrs. old (CLINIC)	\$50.00	\$60.00	\$70.00*	\$80.00
7-14 yrs. old	\$70.00	\$80.00	\$100.00*	\$110.00
Adult	\$75.00	\$85.00	\$110.00*	\$120.00
Over The Hill	\$75.00	\$85.00	\$110.00*	\$120.00

What division will you play in:

Additional family members Between 7-14 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
•DO NOT SEND in PICTURES of this form.
Please attach file.

You will be contacted by your COACH for your TEAM ASSIGNMENT
For registration information Contact **Bunny Raylman** through e-mail **staffordhockey@gmail.com**
Games scheduled to begin around February 23

For League Use Only

Checked by:	<input type="text"/>	Date Received	<input type="text"/>
Amt Received	<input type="text"/>	Cash	<input type="text"/>
		Check	<input type="text"/>
		Venmo	<input type="text"/>

Stafford Township Recreation Code of Conduct

I acknowledge that I have read and agree to follow the Stafford Recreation “Code of Conduct” link that is on the Stafford Hockey website.

Adult Player / Parent / Guardian Signature: _____

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. This includes vaping.
- 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, gender, 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 and other players with respect regardless of race, gender, 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. This includes vaping.
- 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 Stafford Hockey League.

PRINT Name of Participant

Signature

If minor, signature of parent or guardian required.