

Prince William Hockey Club InLine 2008-2009 Registration

Player Information: Last Name _____ First Name _____ Middle Initial _____
 Date of Birth _____ Male / Female _____ Parent(s) Name _____
 Address _____
 Home Phone _____ Parent Work # _____
 E-Mail Address (PWHC communication) _____
 Hockey Experience Last year: Where _____ Level _____
 Jersey Size (Circle) YS YM YL YXL AS AM AL AXL AXXL Goalie Y/N _____

Please check any of the following that apply:

- _____ Any known Medical condition. Please describe _____
- _____ Fall Only Discount rate of \$95.00 for new hockey players; never registered to play Hockey, must be registered before August 4, 2008 equipment may be purchased at PWHC Hockey Swap at the PW Ice Center.
- _____ Player is eligible for 10% Sibling discount. List sibling(s): _____
- _____ Player may be eligible for a Refer-A-Friend discount. List new player(s) joining PWHC based on your referral: _____
- _____ Player may be eligible for 10% Goalie discount (must be approved by the InLine Executive Director)
- _____ Player is 12 years of age or older and is interested in becoming a referee.
- _____ Knowing that PWHC-IL is a largely volunteer organization, I would like to volunteer to coach or help

EXPLANATION OF REGISTRATION FEES

PWHC-IL registration fees are based on:

Regular Registration Fee - The amounts of the Regular Registration Fees are detailed below. All Regular Registration Fees are for a season lasting approximately 10 weeks beginning the week of Sept 7th.

Discounts – Only the regular or late Registration Fee may be reduced by up to four applicable discounts, all of which are conditioned on Player's account being paid in full at time of registration:

- **Early Registration discount** - Three Season Registration or early registration will make a Player eligible for a discount. The amount of the discount is dependent on the program the Player is registering for and is detailed below.
- **Sibling discount** - Each second or subsequent family member that registers is eligible for a 10% discount. The sibling with the highest Regular Registration Fee pays the full price.
- **Goalie discount** - 10% discount for any goalie in the Middle House or above age classification who has their own gear and is a full time Goalie for their team and is approved by the InLine Executive Director
- **Refer-a-Friend discount** - Contact a Board Member to find out about this discount.

USA Hockey Registration Fee - Every player must be registered with USA Hockey; if you have already registered, please write your registration confirmation number here: _____ if you don't have your confirmation number, then the \$35.00 USA Hockey fee must be paid at the time of registration. This fee, which covers insurance for all participants, is non-refundable.

House Program Registration Fees

Please initial the appropriate program and age division below for which player is registering

Program	Discount (early)	Regular Registration Fee	Late Registration Fee
_____ Three Season Special	\$465 (before 08/25/08)	n/a	n/a
_____ Fall Season (09/7/08 - 11/16/08)	\$170 (before 07/31/08)	\$185 (before 08/25/08)	\$199 (on/after 08/25/08)
_____ Winter Season (11/30/08 – 02/22/09)	\$170 (before 10/27/08)	\$185 (before 11/17/08)	\$199 (on/after 11/17/08)
_____ Spring Season (03/8/09 - 06/07/09)	\$170 (before 1/25/09)	\$185 (before 02/24/09)	\$199 (on/after 02/24/09)

I/We, as Player if Player has reached the age of majority, or as the parent(s) and/or legal guardian(s) of Player if Player is a minor, have read and agree to the following statements, which I have initialed to confirm my review and agreement:

_____ **Agreement to pay registration fees in full.** I/We agree to accept financial responsibility for Player's registration fee for the House Program.

_____ **Appointment of Agent / Acknowledgment of Risk / Release of Liability.** I/We appoint the representative or coach of Prince William Hockey Club InLine (PWHC-IL) as my/our agent for the purpose of authorizing medical attention in the event that the Player requires emergency medical attention while in the care of PWHC-IL. I/We understand that participation in, and observation of, the sport of InLine hockey constitutes a risk to the Player and observer of serious injury, including permanent paralysis or death. I/We, on behalf of myself/ourselves and/or the Player, voluntarily and knowingly accept and assume this risk and release PWHC-IL and all duly elected, appointed, or recognized officers, volunteers, officials, affiliates, sponsors, and event organizers, from any and all liability arising from, or related to, any PWHC-IL function.

_____ **Agreement to abide by all bylaws, guidelines, and policies.** I/We understand that the Player and my/our family represent PWHC when participating in PWHC events and agree to be bound by, and abide by, all USA Hockey InLine Bylaws, Official Rules, Codes of Conduct, and Zero Tolerance Policies; PWHC Bylaws, Operational Guidelines, and Travel Program Guide; and other applicable policies. I certify that I am familiar with these documents and understand that PWHC will provide me with a copy of any of them that I am not familiar with.

_____ Optional contribution to PWHC-IL sponsorship program. I would like to make a tax deductible contribution to the PWHC-IL Sponsorship program in the amount of \$ _____. Please add this amount to my registration total. Please refer to our website at www.pwhockey.com for more information on the Sponsorship program.

Parent / Guardian Name (Player if 18) _____ Date _____
 Parent / Guardian Signature (Player if 18) _____ Date _____

Mailing address: PWHC, P.O. Box 1638, Dale City, VA 22193

www.pwhockey.com

(703)680-0838

Online registration is available at; <http://www.pwhockey.com/>