

2020 -2021 Winter Hockey Registration Form

2020-2021	Resident Fee	Non-Resident Fee	For Official Use Only
Learn to Skate	\$125.00	\$156.25	
	Team Fee	Individual Fee	
Hockey Developmental		\$280.00	
Adult "Team" League	\$775.00	\$100.00	

Player Last Name:	Player First Name:	Birthdate:	Age as of January 1, 2021:
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Street Address:	City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Emergency Phone:
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Parent/Guardian Names:	Primary Email:
Parent/Guardian Names:	Secondary Email:

Shirt Size: YS YM YL AS AM AL AXL AXXL Other _____

Select Division for 2020-2021 <input type="checkbox"/> 8U <input type="checkbox"/> 13U <input type="checkbox"/> 18U <input type="checkbox"/> Adult Ages 5-8 Ages 9-13 Ages 14-18 Circle the Adult League you're playing: Draft League or Bring your own Team League	Was a HOCKEY player in a 2020 League? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Grade entering (August-September 2019): _____	Did the player receive HOCKEY instructions during or after the 2020 season? <input type="checkbox"/> Yes <input type="checkbox"/> No Current School: _____
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ADULT ONLY: Interested in being a Hockey Referee? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADULT LEAGUE PLAYERS: Please check your highest level of play: <input type="checkbox"/> Under 5 years' experience in Adult or Youth Experience (Novice) <input type="checkbox"/> 5+ years of Adult or Youth Experience, No High School Varsity or higher (Bronze) <input type="checkbox"/> High School Varsity / Competitive Midget or Junior C (Intermediate) <input type="checkbox"/> Junior A, B, C, D2/D3 College, Midget Major (Silver) <input type="checkbox"/> Any level of Professional Experience (Gold)
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Managers and Coaches		
Please consider being a team manager, coach, or referee. We also have opening for our advisory board and coordinator positions in each division. Please fill out a separate form.	Parent wishes to: <input type="checkbox"/> Manage a Team <input type="checkbox"/> Assistant coach for a team	Select Division(s): <input type="checkbox"/> 8U <input type="checkbox"/> 13U <input type="checkbox"/> 18U
Name of Potential Manager or Coach:		

Interested in Sponsorship	ASK FOR SPONSORSHIP FORM	For Official Use Only	
Sponsor's name		Subtotal	
Phone Number		Amount Paid	
Name of Sponsor Company		Balance Due	
Age Division of sponsorship		Receipt Number	
Mail Registration form to: Crown Point Parks & Recreation Attention: John Stroia 183 South, West Street Crown Point, IN 46307	Make Checks Payable to: Crown Point Parks and Recreation Contact John Stroia at: (219) 661-2272 jstroia@crownpoint.in.gov	Check Number	
		Cash	
		Credit Card	
		RECEIVED BY:	

PLEASE SEE BACK FOR IMPORTANT WAIVER INFORMATION →

Waivers and Important Information

Initials

The UNDERSIGNED does hereby acknowledge that their participation in said entertainment, activity and/or meeting, program is strictly voluntary action on their part; that in the case that said program may pose a threat to their personal health; and that the undersigned will hold the City of Crown Point harmless from any and all claims; or whatsoever type in nature, arising from any injuries or other harm suffered from participation in said program. The undersigned further releases and indemnifies the City of Crown Point from any and all claims from participation in said program and further represents that said release from liability shall also bind their heirs, survivors, beneficiaries, and representatives.

The UNDERSIGNED also acknowledges that the City of Crown Point will use its Nixle Mass Notification system to notify participants of important League and schedule information. Methods of transmittal include text messaging, email and phone calls. The City is not responsible for any charges incurred by the transmittal of this data. In the event that the registrant wishes to opt out of the notification process, you may do so by contacting 219-663-0788.

Initials

Photo Policy: On occasion Crown Point Parks and Recreation staff and local media may take photographs and/or video of activities at the Sportsplex. Please be aware they may be used for future publications or media.

Initials

Refund Policy: Call 219-661-2272

INITIALS _____ **Novel/Corona/Covid-19—Participant knows and assumes personal risk of coming into contact directly or indirectly with individuals who have been exposed to and/or diagnosed with one or more communicable diseases including but not limited to Covid-19 and any of its mutations or other medical conditions and/or diseases. It is impossible for the City of Crown Point and its entities to completely eliminate the risk that participant can become exposed or infected through contact with or within proximity to any individual with a communicable disease. Participant will render the City harmless to any and all claims with respect to any and all personal injury/illness/death regardless of negligence or otherwise.**

I have read and understand the terms listed above.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date