

**ADULT HOCKEY  
FALL 2010 REGISTRATION FORM**



## Triangle Adult Hockey League Registration **Fall 2010**

Please choose League:

\_\_\_\_\_ **B Division (Sunday Nights) Starts September 19, 2010**

10 Team Division, Game Times are 4:15pm, 5:45pm, 7:15pm, 8:45pm, 10:15pm

\_\_\_\_\_ **C Division (Tuesday Nights) Starts August 31, 2010**

6 Team Division, Game Times are 7:30pm, 9pm, 10:30pm

\_\_\_\_\_ **D Division (Thursday Nights) Starts September 2, 2010**

4 Team Division, Game Times are 9:15pm, 10:45pm **(Times move Start earlier until October.)**

**League includes:**

- USA Hockey sanctioned League and Officials.
- Individual and Team statistics kept by Point Streak.

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**Cost: \$285.00 Player / \$142.50 per Goalie**

15 games guaranteed. (Includes Playoffs.)

**TAHL strongly recommends all players should wear face protection!**

**FULL PAYMENT AND USA HOCKEY CERTIFICATION IS REQUIRED BEFORE THE FIRST GAME.**

**Registration: PLEASE PRINT IN ALL REQUIRED FIELDS (\*) Registration Deadline August 30, 2010**

Name\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Age\* \_\_\_\_\_

Address\* \_\_\_\_\_ e-mail\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ USA# \_\_\_\_\_

Position \_\_\_\_\_ Jersey # \_\_\_\_\_

Phone #\* (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Team \_\_\_\_\_ (Only put down team name if the League Director has assigned you to the team.)

Note: All players will be required to wear jerseys that are the correct color and have a number. This is to ensure that statistics can be kept up to date. TAHL is USA Hockey Sanctioned. All players' must be registered and provide proof of registration with USA Hockey. Register @ [www.usahockey.com](http://www.usahockey.com) Maximum roster requirement, 16 players and 2 goalies.

I, the undersigned, have read the league rules attached to this registration and agree to play by those rules and the rules outlined by USA Hockey. TAHL reserves the right to refuse any player the right to play for infraction of the league rules or those of USA Hockey and TAHL. I hereby waive all claims against Triangle SportsPlex, its agents or employees for any accidents or mishaps however so occasioned. Upon entering any program sponsored by Triangle SportsPlex, you voluntarily and knowingly recognize, accept and assume all risks and release Triangle SportsPlex, its affiliates, their sponsors, and officials from any liability therefore. Participant or participant's parent(s) / guardian(s) agrees to release and hold harmless Triangle SportsPlex, Recreation Factory Partners LLC, of all claims or causes of action by whomever or wherever made or presented for participants injury, property damage, wrongful death.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Type of Payment: Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_

Payment Received by: \_\_\_\_\_ Date: \_\_\_\_\_

One Dan Kidd Drive Hillsborough, NC 27278 919-644-0339

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