



2018-2019 Registration

Fee due at Registration is \$180. Make checks payable to BPIHBA. Covers one Bethel Park Inline Hockey Booster Association (BPIHBA) membership per family and Amateur Athletic Union (AAU) fee. **Registration Form and payment must be complete to participate in player evaluations. Fee is non-refundable after July 16, 2018. Final league fee amount pending and will be due by August 17, 2018-no exceptions. \$25 discount for second skater in family.**

Student Name: _____ Date of Birth _____

Grade level in **18-19** school year: _____ School attending: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____

Zip: _____

Email (Parent/Guardian): _____ Student Email: _____

Email (Parent/Guardian): _____ Home Phone: (____) _____

Please Provide Parents/Guardians and player phone numbers:

Cell Phone: _____

Cell Phone: _____ Cell Phone: _____

Can your child's picture be used on our website and social media? Yes / No (circle one)

Student's Experience in Organized Hockey
(Circle all that apply):

Inline Hockey years played as
skater/goalie/forward/defense _____

Ice Hockey years played as
skater/goalie/forward/defense _____

**Will student be playing other sports in the
school year? Yes / No (circle one)**

If yes, what sport? _____

What team/organization? _____

Staff use only: Check # _____ Amount \$ _____ Date _____

I/We parent(s)/guardian(s) of the player indicated on this form, give him/her permission to participate in all Bethel Park Inline Hockey Booster Association (BPIHBA) activities during the current season. I/We assume all risks and hazards associated with such participation, including transportation to and from all such activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless: Bethel Park Inline Hockey Booster Association and the Pennsylvania Interscholastic Roller Hockey League (PIRHL) its coaches, referees, scorekeepers, and all participants including those transporting my/our child. I/We assume all responsibility for all medical/accidental insurance coverage. I/We also agree to supply all required safety equipment, and ensure that it fits properly and is in good condition. I/We grant permission for my/our child/self to receive any emergency medical treatment necessary. I/We understand that the BPIHBA is not responsible for my/our child/self if they remain in the rink or areas around the rink after their game and or practice, and we will not hold BPIHBA responsible for any injury that might occur during said person's own game, especially if they choose not to wear protective equipment.

Parent/Guardian

Signature _____