

Hockey Registration
Winter 2018 - 2019



Player Information

Last _____ First _____ D.O.B. ____ / ____ / ____
 Email _____
 Phone _____ Cell _____ Zip _____

Emergency Contact Information

Last _____ First _____ Relationship _____
 Email _____
 Phone _____ Cell _____

Notice: Players must be a minimum of 16 years old to play in an adult league. Deviation from this rule must be approved by CCSA. Fees must accompany reg form to qualify for team placement. Fees must be paid in full prior to first game played. Players must follow CCSA rules or risk removal from all leagues. CCSA Reserves the right to refuse service to anyone. CCSA may fill empty player slots. A team consists of 8 Skaters and 1 Goalie. Fighting & Profanity will not be tolerated - Under no circumstances will refunds or credits be given. By signing below, I understand the terms above. Play at your own risk!!!

Adult Hockey - Check all that apply

Youth Hockey - Check all that apply

Learn To Skate = x5 - 1 hr Training Sessions.

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Team: Skater - \$100 _____
 Goalie - \$85 _____

Skater - \$65 _____
 Goalie - \$50 _____

Bronze - Beginner

6 & under

Team: Skater - \$190 _____
 Goalie* - \$115 _____

Skater - \$135 _____
 Goalie - \$85 _____

Silver - Intermediate

8 & Under

Team: Skater - \$190 _____
 Goalie* - \$115 _____

Skater - \$135 _____
 Goalie - \$85 _____

Gold - Advanced

10 & Under

Team: Skater - \$190 _____
 Goalie* - \$115 _____

Skater - \$135 _____
 Goalie - \$85 _____

Platinum - Pro

12 & Under

Team: Skater - \$190 _____
 Goalie* - \$115 _____

Skater - \$135 _____
 Goalie - \$85 _____

FREE AGENT: Skater - \$190 _____
 Goalie* - \$115 _____

14 & Under
 Skater - \$135 _____
 Goalie - \$85 _____

Player Signature * _____

XXXXXXXXXXXXXXXXXXXX (For Office Use Only) XXXXXXXXXXXXXXXXXXXX

Payment Information

Credit Card Information

Available Discounts

Team Pay: _____

must be paid in full before playing 1st game

Multiple Teams: - \$10

Card Number

____ / ____ / ____

Expiration Date

____ / ____ / ____

Authorized Signature

* _____

Payments

Amount Type (✓)

\$ _____ Total Amount Due

\$ _____ Credit Card

\$ _____ Cash

\$ _____ Check

\$ _____ Paid

\$ _____ Balance

Payment received by* _____ Date * ____ / ____ / ____

For more information visit: www.centralcoastsportsarena.com