

Hockey Registration
Spring 2023



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		Youth Hockey Introductory - All Ages	
8 weeks of hockey fundamentals	Player - \$125.00 Goalie - \$65.00	8 weeks of hockey fundamentals	Player - \$125.00 Goalie - \$65.00
Bronze - Beginner		8 & under	
Team:	Skater - \$200.00	10 games and practices	Player - \$175.00
Free Agent:	Goalie* - \$125.00	Playoffs not guaranteed	Goalie - \$85.00
Silver - Intermediate		12 & Under	
Team:	Skater - \$200	10 games and practices	Player - \$175.00
Free Agent:	Goalie* - \$125	Playoffs not guaranteed	Goalie - \$85.00
Gold - Advanced		15 & under	
Team:	Skater - \$200	10 games and practices	Player - \$175.00
Free Agent:	Goalie* - \$125	Playoffs not guaranteed	Goalie - \$85.00

Player Sizing Info: Please circle all that apply

T-Shirt Size: Youth: S M L XL XXL Adult: S M L XL XXL
 Jersey Size: Youth: S M L XL XXL Adult: S M L XL XXL
 Preferred Jersey Numbers: Option #1 _____ Option #2 _____ Option #3 _____

XXXXXXXXXXXXXXXXXXXX (For Office Use Only) XXXXXXXXXXXXXXXXXXXX

Payment Information

Credit Card Information		Payments	
Waiver Signed _____ must be paid in full before playing 1st game	Card Number ____/____/____/____	Amount	Type (P)
	Expiration Date ____/____	\$	Total Amount Due
Authorized Signature _____ *		\$	Credit Card
		\$	Cash
		\$	Check
		\$	Paid
		\$	Balance

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