

Last	First	Middle	Birth Date	Age as of 12/31/2001

Street	
City, State Zip	
Mother/Guardian	
Father/Guardian	
Home Phone	
Work Phone	
Jersey Size <i>Player Number: _____ Or _____</i>	
Team Preference (If Possible)	
Coach Preference (If Possible)	
Teammate Preference (If Possible)	

REGISTRATION FORM 6-18 yrs.



Wes Schultz, President 661-6505
 Mark Jones, Vice President 668-1930
 Web Site: <http://www.jennings-jones.com/wiha>

Registration deadline for team, coach, or teammate preference (first come, first served) is October 13, 2001. Players who sign up after this date will be placed until teams are full. Players not placed on a team will receive a full refund. WIHA reserves the right to make team assignments as necessary to assure competitiveness. Season begins October 20, 2001. Games are Saturdays 11AM-7PM.

Required equipment: Helmet w/ full cage, Gloves, Knee pads (shin guards recommended), Elbow pads, Cup (males over 13).

Players must abide by the rules established by the USA Hockey Inline and local WIHA rules as adopted. Ages 6 to 18.

Registration fee for the Fall League is \$90, \$85 for each multiple player from same family. WIHA provides referees, coaches, and administration of the league. Players will be provided a jersey.

I understand the foregoing and agree to abide by the conditions and rules set forth. I hereby authorize the WIHA or a coach, to arrange for emergency medical treatment for my child named herein for injuries sustained during a league sanctioned activity.

Dated: _____ email: _____ Parent or Guardian Name _____