

VIRGINIA BEACH HOCKEY LEAGUE
REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS _____ EMERGENCY #: _____

SUB-DIVISION _____ ZIP CODE _____ AGE _____

SCHOOL _____ e-mail: _____

Request to be on the same team with: _____

I certify that my son/ daughter/ (I, if over 18) _____, is/ am in good health for participation in the VA. BEACH HOCKEY LEAGUE, LTD., and will not hold coaches, directors, commissioners. or other associates of VBHL liable for any injury or illness she/he may incur.
EVERY player must wear shin and mouth guards at ALL practices and games.

Player's
signature: _____ parent/guardian signature: _____ date: _____

Enclosed is payment for:

____ WINTER \$65 ____ SPRING, \$65 ____ SUMMER, \$65 \$ _____

DONATION to Hockey Foundation \$ _____

LATE FEE: \$10, NO REFUND

We encourage you to sign up for any/all at the same time!

Checks made payable to VBHL. Mail checks and signed forms to:

Cindy Midkiff, VBHL
612 Lake Pt. Circle
Va. Beach, VA 23451

Check age group:

YOUTH (7-10) _____ **BOYS** (7-12) _____ **JUNIORS** (11-12) _____ **SENIORS** (13-15) _____

ELITE (16-18) _____ **Co-ed** (18+) _____

Please call or email Cindy Midkiff (Director) with concerns and praises.

Hockey Hotline: (757) 422-5915.

Email: info@beachfieldhockey.com.

Check our website:

www.beachhieldhockey.com For inclement weather cancellations

**ALL ROSTERS WILL BE AVAILABLE ONLINE ONE WEEK BEFORE THE
START OF THE LEAGUE SEASON**