

Adult League Dek Hockey Registration Form



This form may be duplicated. Full payment is due at time of registration for all Butler County Parks and Recreation Programs. You can make your check out to County of Butler

Mail form and check to Butler County Parks & Recreation

Check can be made payable to "County of Butler"

184 Alameda Park Rd. Butler, PA 16001

Dek Hockey Rink is located at 468 S. Duffy Rd. Butler, PA 16001

Butler County Parks & Recreation DEK HOCKEY

Captain Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____

Emergency Contact _____ Emergency Phone _____

E-mail Address: _____

- Can we text your cell phone for game time and league information? _____
- Team Roster will be finalized by the 2nd official game.
- Players must play in 50% of the games in order to play in playoffs.

TOTAL FEE INCLUDED \$ _____

Please fill out the attached roster. Medical Wavier must be signed by each participant.

The undersigned individual (parent, guardian, or student) represents that the registrant is in good health and can participate in the above-listed activity, and with prior knowledge of the physical nature of the activity, releases County of Butler from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian, or participant assumes all risks inherent in the activity and will hold County of Butler, Parks and Recreation, elected officials, management and any other program facilities harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby given permission to County of Butler, Parks and Recreation to use photographs and videos of the participant for the promotion of programs and events. The participant agrees to hold County of Butler, Parks and Recreation free and harmless from any liability of any nature. Butler County Parks & Recreation has a **NO-REFUND POLICY** on all programs.

SIGNATURE REQUIRED:

_____ Date ____/____/____

Contact information: 724-284-5383 Monday-Friday 8:30am-4:15pm Alamedapark@co.butler.pa.us

Check: _____ Check No: _____ Cash: _____

Credit Card (Visa/MC/Discover) _____ Ex: ____/____

CVV Code: _____ Zip Code: _____ **2.75% Fee on all credit card charges, minimum of \$3.00 fee *No AMEX***

Staff initials: _____ Date received: _____ Waiver Signed and filed: _____

Game Roster

Alameda Park

Sport: (circle one) Sand Volleyball Ultimate Frisbee
Flag Football Dek Hockey

Team Name _____ Team Color _____
Needs approved by the Program Manager

Captain _____ Phone _____

Co-Captain _____ Phone _____

Special Requests: (No 5:30pm games/certain days off) _____

	Name	Phone #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Participants 18 years of age and under require their Parent to sign the Medical Release and waiver before their 1st game.