



Southernmost Hockey Club

1107 Key Plaza # 287
Key West, FL 33040

2008/2009 Adult Membership Registration

Name: _____ Birth Date: _____

Address: _____ e-mail: _____

Phone(s): _____

USA Hockey Inline Registration Number: _____

Parent or Guardian (if under 18): _____

I understand that the insurance coverage offered by the USA Hockey Inline is in effect for one year starting September 1 of the registration year, that this insurance carries a \$250 deductible and is in effect if any injury is incurred during a league sanctioned event such as a game or practice. If I have other insurance, it will serve as primary insurance and USA Hockey insurance will serve as supplemental insurance. If I have no other insurance, the coverage offered by USA Hockey Inline will serve as primary insurance. It is my responsibility to work with USA Hockey Inline regarding the insurance coverage. I also understand that the registration fee is non-refundable. I agree to abide by all rules and regulations as set forth by the Southernmost Hockey Club. Failure to do so may result in my expulsion from the league. I grant the Southernmost Hockey Club and its agent the right to use photographs, sounds, and images taken during events for publication, promotion, or other uses including but not limited to newspapers, magazines, newsletters, the internet, and television.

The Southernmost Hockey Club is an affiliate of USA Hockey Inline, meaning that our Club has adopted this national organization's rules and regulations. Any player participating in behavior that is not deemed acceptable, such as fighting or gross misconduct, will be subject to mandatory penalties determined by the Southernmost Hockey Club Board of Directors, which can include suspensions from games and/or practices.

I have read the above and agree to these terms: _____

Parent /Guardian (if under 18): _____ Date: _____

Please check the following if they apply to you:

____ I authorize my child to play one division up, realizing the challenges of increased size and speed of opponents in competition at an older age.

____ I am interested in volunteering my time to coach, assistant coach, referee, or help in any other way our youth hockey program. Volunteering in an official capacity may recognize in my membership fees (but not USA Hockey membership) being waived.

____ I already volunteer to help the Southernmost Hockey Club youth league as a coach, referee, or board member.

If you plan to volunteer this season, please circle the age(s) you are interested in working with:

6 & under 8 & under 10 & under 12 & under 14 & under 18 & under Adults Any Age

Receipt (fees are non-refundable)

2008-2009 registration for player: _____

Cash _____ or Check _____ Check # _____ Date: _____ Rec'd by: _____