



FCAHA
 Ft. Collins Adult Hockey Association
Player Registration Form
 Winter / Summer 20__

Player Information

| | |
|-----------------|--------------------|
| Name - _____ | Home Phone - _____ |
| Address - _____ | Work Phone - _____ |
| City - _____ | Cell Phone - _____ |
| State - _____ | E-mail - _____ |
| Zip - _____ | Birthday - _____ |

Preferences

Preferred Division (Choose Only One, Use another form for a second division):

A _____ B _____ C _____ D _____ E _____

I would like to be a captain

Preferred Position(s):

LW _____ RW _____ C _____ D _____ G _____

***** Note - If I am not drafted into my Preferred Division I agree to be eligible for the next lower division, but I understand I may not be moved:**

I Agree

Waiver Information

By signing this waiver, I agree and understand that I will be participating in an adult co-ed hockey league. I acknowledge that there are inherent dangers and risks in participating in ice hockey that may include but are not limited to serious bodily injury or even death. I understand by signing this waiver that I am assuming all of the risks associated with this activity. I unconditionally waive and forever release the Fort Collins Adult Hockey Association, it's directors, officers, instructors, employees, and respective operators of the ice rinks where we play from any and all claims and liabilities for any injuries or damages that I may sustain. I further understand, since this is a co-ed league that I will be required to exhibit appropriate behavior both on and off the ice. If there are members of the opposite sex on my team, the Fort Collins Adult Hockey Association takes no responsibility in regards to separate locker rooms, but expects all players to handle any situation that may arise in an adult fashion. I also understand that Fort Collins Adult Hockey Association will have absolute discretion in determining issues surrounding player conduct both on and off the ice and shall have the ability to sanction players for inappropriate conduct, including but not limited to terminating any player from further participation in the league. Abuse of officials will not be tolerated. Any player exhibiting conduct considered abusive in any manner or form will be subject to fine and/or expulsion from the league without refund.

I have read the FAQ rule changes and agree to follow them and I understand that they may be updated at any time.

Players Signature _____ Date _____

ALL REFUNDS MAY BE SUBJECT TO A \$25 SERVICE FEE.

Affix Check Here

Credit Card:
 Name On Card _____

Card Number _____ Exp: _____

*Note: This information is stored for reference for at least the playing season in which this form was submitted.

WE WILL NOT ACCEPT THIS FORM WITH OUT EITHER A CHECK OR CREDIT CARD INFORMATION ON IT.

| For Official Use Only | |
|-----------------------|---------|
| Amount \$ | Check # |
| | |