



SPORTSPLEX HOCKEY LEAGUES

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LEAGUE CONTRACT & TEAM REGISTRATION

LEAGUE:

SPORTSPLEX ROLLER HOCKEY LEAGUE

DIVISION: _____

SEASON: _____

THIS AGREEMENT IS BETWEEN
SPORTSPLEX MANAGEMENT LTD.
AND

TEAM NAME			
CONTACT PERSON			
MAILING ADDRESS			
CITY/PROVINCE/PCODE			
DAYTIME PHONE NO.			EVENING PHONE NO:
FAX NUMBER			EMAIL ADDRESS:
2 ND CONTACT PERSON			
PHONE NUMBER			EMAIL:

THE TEAM NAMED ON THIS FORM AND PLAYERS LISTED ON THE TEAM ROSTER FORM AGREE TO MEET ALL THE FOLLOWING TERMS AND DEADLINES.

1. A TEAM CONSISTS OF A MINIMUM OF 5 SKATERS AND 1 GOALTENDER.
2. TO PARTICIPATE IN THE SPORTSPLEX HOCKEY LEAGUE FOR THE _____ SEASON.
3. SUBMIT A \$500.00 NON-REFUNDABLE TEAM DEPOSIT TO SECURE ONE SPOT IN OUR LEAGUE – THE DEPOSIT WILL BE CREDITED TO THE TEAM REGISTRATION FEES.
4. SUBMIT TEAM REGISTRATION FORM BY LEAGUE DEADLINE.
5. SUBMIT TEAM ROSTER FORM BY LEAGUE DEADLINE. THIS FORM TO BE FILLED OUT CORRECTLY AND COMPLETELY BY EACH PLAYER ON THE TEAM.
6. RESPONSIBLE FOR FULL PAYMENT OF ALL TEAM REGISTRATION FEES BY LEAGUE DEADLINES. ALL FEES ARE NON-REFUNDABLE. THE TEAM AND PLAYERS LISTED ON THE REGISTRATION FORM AND TEAM ROSTER FORM AGREE TO ABIDE BY ALL LEAGUE RULES, PROCEDURES & POLICIES FOR THE SEASON. FAILURE TO COMPLY WILL RESULT IN THE TEAM BEING REMOVED FROM THE LEAGUE. FURTHER, THE TEAM & PLAYERS AGREE TO MEET ALL PAYMENT DEADLINES AS OUTLINED BY THE LEAGUE. FAILURE TO MEET ALL PAYMENT DEADLINES WILL RESULT IN ADDITIONAL DISCIPLINARY ACTION AGAINST THE TEAM & PLAYERS INCLUDING LATE FEES, FINES, FORFEIT OF GAMES, SUSPENSION FROM LEAGUE, COLLECTIONS.

SIGNATURE

PRINTED NAME

DATE SIGNED



TEAM ROSTER FORM

Each player must complete the Roster. Failure to fully complete all required information will result in the player being ineligible to participate in the Sportsplex Roller Hockey League. By completing this form each player understands and agrees to the Terms of the Team Registration Form. Maximum of 16 skaters & 3 goalies on the Roster. Maximum 12 skaters + 2 goalies can dress for a game.

TEAM NAME: _____ DIVISION: _____

	Jersey #	Player Name	Birthdate (mm/dd/yy)	Phone #	EMAIL ADDRESS	PLAYER SIGNATURE (BY SIGNING YOU HAVE READ AND AGREE TO THE ABOVE)
Goalie						
Goalie						
Goalie						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						