



FALL LEAGUE 2018

PLAYER REGISTRATION

PLAYER INFORMATION

FIRST NAME:		LAST NAME:	
PHONE NUMBER:		EMAIL:	
<input type="checkbox"/> A Player <input type="checkbox"/> B Player		Team Name (if you have a team already):	Current USA Hockey Number:

PAYMENT OPTION (choose one):

- OPTION 1:** Full Payment: \$400 Paid in Full (due day of sign-up)
- OPTION 2:** 2 payments: -1st payment of \$240 due on 1st game,
-2nd payment of \$240 due by Oct. 1st
- OPTION 3:** Goalie Payment: \$200 Paid in Full (due day of sign-up)

TERMS & CONDITIONS

1. I understand that I am paying for a minimum number of 15 games per player for the FALL 2018 SEASON
2. I understand that the dues must be paid (and up to date) to participate in the D.I.C. **FALL SEASON 2018. FEES MUST BE PAID FOR BEFORE STEPPING ON THE ICE FOR THE FIRST GAME.**
3. I understand that all players must register with USA HOCKEY.
4. I understand and agree to abide by all D.I.C. rules and regulations, as well as to those rules and regulations outlined by USA HOCKEY
5. I understand that hockey is a physical and dangerous game, and therefore I assume all risks, inherent and otherwise, in participating in any event involving D.I.C.
6. I hereby release and discharge D.I.C. and its directors, officers, and agents from all actions, claims, losses, liabilities, and damages which may be suffered because of the players membership and participation within D.I.C.
7. I understand that all D.I.C. players who have not paid or turned in their USA HOCKEY registration at the date required will be considered delinquent and are subject to being excluded from all D.I.C. activities and will be suspended from league play until all disputes are resolved.
8. I understand that it is my sole responsibility to immediately report any credit card changes that may affect my payments to D.I.C.
9. I understand that any declined credit cards are subject to a \$20 late fee as well as \$20 processing fee.
10. I understand that D.I.C. fees are NON-REFUNDABLE / NON-TRANSFERABLE.
11. It is understood that if I / Team choose to leave or quit the D.I.C. season for any reason including but not limited to: voluntarily declining to participate in games, leaving because of injury, playing at a higher level, or dropping to a lower level, conflicts with game schedule, rink venue, or staff, etc. that I will be responsible for the entire amount of league dues for the full season.
12. **Participants MUST be 18 years of age or older to play in the Adult Hockey League.**

By signing this form, I acknowledge that I have read and understood all the Terms & Conditions made by Desert Ice Castle

Signature: _____ Date: _____

➔ **PLEASE ONLY FILL OUT IF YOU WILL BE SENDING YOUR REGISTRATION FORM VIA FAX OR EMAIL**

CARD PAYMENT INFORMATION: VISA/MASTERCARD/DISCOVER ONLY

I hereby authorize Desert Ice Castle to charge FULL AMOUNT of Payment selected upon receipt of application.

Name on Card _____ Cardholder Signature _____ CVC Code: _____

Card # _____ Expiration Date ____ / ____ Card Billing Zip Code _____



*****OFFICE USE

ONLY*****

Received by: _____

Date payment received: _____

Amount received: _____