



Pine-Richland Inline Hockey Association
GRADES 2-12
2011-2012 Registration Form

Player Name	Returning_____ / New_____
Street Address	
City, State, Zip	
Date of Birth	
Grade (Sept 2011)	
Home Phone	
Cell Phone (Parent)	
Work Phone (Parent)	
Primary E-mail	
Alternate E-mail	
Parent/Guardian Name	
Parent/Guardian Name	
School	
Years of Experience	
Other Sports you Play	
If Ice Hockey, which Team	

Parent Interest: Head Coach____ **A. Coach**__ **Member@Large**__ **Team Mgr**_____

Note: *All players must register with AAU Insurance, prior to first practice*

Physical Packets signed by a private physician must be turned into PRIHA by first practice

All players must turn in their signed Code of Conduct prior to first practice

Each player will be notified of their placement on a team via the PRIHA website within one week of the conclusion of tryouts.

I understand that the Commitment Fee of \$175.00 is nonrefundable 7 days after Team rosters are posted on the PRIHA website and that all refund requests must be made by written request.

Parent/Guardian Signature _____ Date _____

Make check payable to PRIHA and mail it along with this form to: PO Box 634, Gibsonia, PA 15044
Or you may bring these items with you to tryouts.

Official Use Only

Tryout fee Check # _____ Check Amount _____
Commitment fee Check # _____ Check Amount _____
Date Received _____ Received By _____