



**Pine-Richland Inline Hockey Association
Grades 2 through 5
2009-2010 Registration Form**

Player Name	
Street Address	
City, State, Zip	
Date of Birth	
Grade (Sept 2009)	
Home Phone	
Cell Phone (Parent)	
Work Phone (Parent)	
Primary E-mail	
Alternate E-mail	
Parent/Guardian Name	
Parent/Guardian Name	
School- if Elementary	
Years of Experience	
Other Sports you Play	
If Ice Hockey, which Team	

Coaches will evaluate players during the first two practices and then post team rosters on the PRIHA website.

Please make checks payable to PRIHA and mail to: PRIHA, PO Box 634, Gibsonia, PA 15044

I understand that the Commitment Fee of \$75.00 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 _____

Note: Within 7 days of the posting of Team rosters, all players must:

- 1. Register with AAU Insurance, via the internet**
- 2. Turn in their signed Code of Conduct**

Registration Deadline: June 15, 2009. Any player wishing to register after this date, will be accepted based on space availability.

Official Use Only	
Check # _____	Check Amount _____
Date Received _____	