

**LACEY ROLLER HOCKEY**  
**P.O. BOX 170**  
**LANOKA HARBOR, NJ 08734**  
**609-242-2215**

Website: [www.Laceyrollerhockey.com](http://www.Laceyrollerhockey.com)

Email: [Laceyhockey@yahoo.com](mailto:Laceyhockey@yahoo.com)

**Welcome Lacey Roller Hockey Participants!**

We are looking forward to a very exciting season this year!

Please be sure to fill out and sign all forms correctly. We have made some small changes to a few of the forms so be sure you are aware of what you are reading and signing for. This will ensure proper communication between you, your coach and the league.

From time to time you may see some small changes in our fees. These prices help cover the costs of the following items: Referee fees, jerseys, pucks, equipment, maintenance, picnic, skills competition, trophies and other various expenses that we incur during the entire season. Again, we apologize and hope you can all understand why we need to make these small changes.

**We have created a Remind 101 class**

We will send messages for game cancellations, rain outs and other important information.

Follow the instructions below:

1. If you have a smartphone open your web browser and go to the following link [rmd.at/laceyrol](http://rmd.at/laceyrol) follow the instructions to sign up Remind, and you will be prompted to download the mobile app
2. If you do not have a smartphone, text the message @laceyrol to the number 81010

Should you have any questions or concerns, please feel free to contact Pattie Agosto, League Director at 609-709-4497 or email [Laceyhockey@yahoo.com](mailto:Laceyhockey@yahoo.com).

As always, we thank you for your support!

# Lacey Roller Hockey Registration Form

PLEASE PRINT CLEARLY!!!!!!!  
(IF WE CAN NOT READ YOUR HANDWRITING, WE CAN NOT CONTACT YOU)

PLAYERS NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADD. (REQUIRED) \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

PLAYING EXPERIENCE: YES / NO ICE HOCKEY PLAYER: YES/NO

PARENTS WILLING TO HELP? YES / NO COACH / ASST. COACH / CALL MOM / BOARD MEM

( ) Spring Season-----\$125.00 \_\_\_\_\_

( ) Fall Season-----\$100.00 \_\_\_\_\_

( ) Family discount (3 or more children living in the same household)-----\$-5.00 \_\_\_\_\_

( ) Required Insurance fee-----\$25.00 \_\_\_\_\_

PAID (INITIALS) \_\_\_\_\_ CASH / CC/CHECK # \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

CC# \_\_\_\_\_ EXP DATE \_\_\_\_\_

CVV \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

**\*\*WHAT SIZE JERSEY DO YOU WEAR BE SURE OF SIZE. YOUTH: L/XL  
PLEASE TAKE INTO CONSIDERATION  
EQUIPMENT UNDERNEATH\*\* ADULT: S M L XL XXL**

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Please make sure all forms are completed correctly and signed. Please be sure you provide us with a working phone number and email address.

Communication is key!!!

**Understanding:**

**Please be sure to read and understand EVERYTHING that you are signing!**

I acknowledge to Lacey Roller Hockey League, my child will participate in activities that may involve among other things, physical contact with other persons or objects, (including the ground) and may incur risk of injury. I specifically waive, give up and release Lacey Roller Hockey and its staff, from any liability to any claim for damages which my child or I may have relating to injuries, illnesses or even death, that he or she may sustain. In signing this waiver, I certify that my child is in good health, with no current injuries, chronic illnesses or abnormal tendencies. In the event of any emergency in which my child requires medical care, I authorize Lacey Roller Hockey to act for me and to obtain for my child, whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary.

Each child will be placed on their proper division according to age. At times we do combine the age groups, this is why you may see a gap in age range. However, there are times our league needs to make a decision based solely on the skill of some players, to avoid risk and injury to other players. Although your child may meet the age requirements, he/she may be over-skilled for that division, so we may move them up to the next available division. We do allow children to play up a division, however, NO players shall be allowed to play down a division, unless they are a goalie and provided it is within fair limits and fair age range.

Lacey Roller Hockey is a Non-Profit Organization and we assume no responsibility to refund or credit anyone for games or seasons that are canceled beyond our control. Should said season be canceled for those reasons, there will be an accommodation during the next season if possible.

Should the season be canceled by the league itself for any reasons of its own, then a decision will be made by the Board at that time, what and if any fees would be refunded.

Should a player withdraw from the program, there will be NO refunds given either by Lacey Roller Hockey or any insurance fees. This includes injuries. As mentioned several times, we are a non-profit organization. However due to any personal unforeseen, reasonable circumstances, on a case by case basis then a refund would be CONSIDERED by the Board. Our insurance is a non-refundable fee regardless.

Lacey Roller Hockey League and its staff are not responsible for any personal belongings, which are lost, stolen or damaged while on our property, or in the league's presence. Be mindful of your belongings.

**I have read and agreed to all the rules and understandings above.**

PARENT OR LEGAL GUARDIAN (Sign) \_\_\_\_\_

(WE WILL NOT ACCEPT ANY FORMS WTHOUT SIGNATURES)

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PLEASE RETAIN THIS PORTION FOR YOUR RECORDS THANK YOU  
LACEY ROLLER HOCKEY

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total: \_\_\_\_\_ Cash or Check # \_\_\_\_\_ Paid Initials \_\_\_\_\_

**Player, Waiver, Release of Liability and Indemnification Agreement**

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, elect to participate in **LACEY ROLLER HOCKEY**. Furthermore, I agree that I am in good health and proper physical condition to participate in **LACEY ROLLER HOCKEY**.
2. I understand that there are certain risks and hazards involved in participating in **LACEY ROLLER HOCKEY** that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment and other participants.
3. I understand that **ROLLER HOCKEY** is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the **SPORT** is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, sliding, diving, skating, collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

I, the undersigned parent or guardian of the minor stated below, acknowledge, agree and understand that:

1. The above named minor is in good health and proper physical condition to participate in **LACEY ROLLER HOCKEY**.
2. There are certain risks and hazards involved in the above named minor participating in **LACEY ROLLER HOCKEY** that may result in injury or death to the minor or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.
3. I hereby release, discharge and agree not to sue **LACEY ROLLER HOCKEY** their owners, officers, agents, servants, associations, employees, referees, coaches or any person or entity connected with **LACEY ROLLER HOCKEY** for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAVIER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLAYERS 18YRS. OLD**

I, the undersigned player, agree that in consideration for the right to play **LACEY ROLLER HOCKEY** and in consideration for permission to play.

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designed, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the ice/surface arranged for by my team or league for practice or play.
2. I hereby release, discharge and agree not to sue **LACEY ROLLER HOCKEY** their owners, officers, agents, servants, associates, employees, referees, coaches, or any person or entity connected with **LACEY ROLLER HOCKEY** for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of player (print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Signature of Player (If 18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

**LACEY ROLLER HOCKEY  
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**CONCUSSION /HEALTH AND INJURY POLICY**

**Lacey Board of Education has adopted a new Concussion Policy on July 22, 2013. Although we are not affiliated with school sports, we are still required to follow this new policy. We are considered a “Youth Sports Team Organization” affiliated or run by a county or municipal recreation department.**

**All concussion cases regardless of condition or how well you think your child feels MUST have written consent by a Physician to return to playing. We will not accept a verbal from a parent or legal guardian. This is our policy and we will expect you to follow our rules accordingly as you would for the Board of Education.**

**This goes for all major injuries and health issues as well. All need to be addressed and released by a Physician accordingly. As the parent, you will take full responsibility to be sure your child has the proper medical release forms by the Physician. A copy of the medical release form should be handed to the league for our records before he/she enters the rink. We will NOT accept a verbal OK from a parent.**

**We require every PARENT/GUARDIAN to sign and date this form that states you were informed of this change and you will comply with our rules and policies.**

**Thank You!  
Lacey Roller Hockey**

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**Participant Name**

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**Signature of Parent or Legal Guardian**

**Date**

## **Lacey Roller Hockey Parent Code of Conduct**

- I will encourage good sportsmanship at all times by setting a positive example for my child. I pledge to support ALL participants, including teammates and opponents, coaches, REFEREES and spectators.
- I will demonstrate a positive attitude towards youth sports, not embarrass myself, my child or any other participant by yelling or creating a scene. I will applaud good effort in victory and defeat.
- I will make sure my child participates voluntarily and not forced because of my wishes.
- I will strive to learn the rules of the sport and support the officials in their enforcement of these rules.
- I will support the goals of youth sports, including skill development, emphasizing fundamentals, building teamwork and encouraging fair play.
- I will support communicate with the volunteer coaches, encouraging them to uphold the Coaches Code of Conduct.
- I understand that youth sports are not a babysitting service. I will offer to participate as coach, team liaison or parent, or provide transportation.
- I will demand a healthy environment, refraining from alcohol, drug or tobacco use at all sports events. I will insist that all other participants display the same restraint.
- I will monitor game and practice venues for safety.
- I will teach my child to respect other players, coaches, referees and spectators, regardless of their race, creed, religion, gender or ability.
- If I identify problems or have concerns, I will calmly seek solutions at a proper time and location, refraining from confrontations in front of the children.
- I will strive to make youth sports fun. After all, isn't that why my child signed up in the first place?

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**Parent/Legal Guardian Name (Please print)**

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**Parent/Legal Guardian Signature**

**Today's Date**

# **LACEY ROLLER HOCKEY REQUIRED EQUIPMENT**

**NO EXCEPTIONS!!**

- **Helmet w/full face guard (HECC approved)**
- **Knee/Shin Pads**
- **Hockey Gloves**
- **Shoulder Pads (U10 and below mandatory)**
- **Elbow Pads (Everyone mandatory)**
- **Inline Skates (Not roller blades, NO brakes, must have all wheels)**
- **Stick (NO sharp edges, small blade or cracks)**
- **Mouth Guard (Everyone mandatory)**
- **Athletic Support**
- **Hip Pads (highly recommended but not mandatory)**

**Once your child is signed up, it is your responsibility to be sure your participant has ALL his/her required equipment before the games start. Be sure the skates you are using for this sport are in-line skates. There are NO roller blades or skates with brakes accepted. If your skates have brakes, please remove the brake. It is more dangerous to use the skates with it on. Please be sure your stick is of proper size. The butt-end of the stick should reach the tip of your nose while skates are on. The size is important because it will help you to control the puck better, and it becomes a safety hazard if it is too short or too tall. It should have no cracks or sharp blades as it can cause injuries.**

**Lacey Roller Hockey and its referees have the right to remove a player from a game if he/she does not have on the proper equipment, or if they feel it would cause a non-safe situation because of it. All equipment should be safe and secure as well. No missing wheels, broken sticks are allowed on the rink. This list is to ensure the safety and well-being of your child. Thank You!!**

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**Parent/Legal Guardian Name**

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**Parent/Legal Guardian Signature                      Date**



**Lacey Roller Hockey**  
**World Wide Web Name & Data Posting**  
**Release Form**

I, \_\_\_\_\_

(Print Name of Parent/Guardian)

The parent and/or legal guardian of \_\_\_\_\_,

do hereby release **LACEY ROLLER HOCKEY LEAGUE** and any of the personnel representing the above, from any responsibility, implications or other effects resulting from the posting of my child's pictures, name, scoring statistics, game video or other pertinent hockey information on the league's web site.

**The sites shall be known as:**

[www.laceyrollerhockey.com](http://www.laceyrollerhockey.com)

[www.facebook.com](http://www.facebook.com)

[www.twitter.com](http://www.twitter.com)

[www.instagram.com](http://www.instagram.com)

**I do understand that no addresses or phone numbers will be posted or released at any time with the exception of team and league administrators and personnel.**

**I give permission to Lacey Roller Hockey to post pictures and to include my child's name on the above listed websites.**

\_\_\_\_\_  
(signature of accepting parent/legal guardian)

\_\_\_\_\_  
(Date)

**OR**

**I refuse permission to post pictures and my child's name on the above listed websites.**

\_\_\_\_\_  
(signature of accepting parent/legal guardian)

\_\_\_\_\_  
(Date)

**Refusal or the absence of this form will result in the child's omission from ANY website postings.**