# SUNY Brockport - Recreational Services
# Ice Hockey Registration Form

**What you need to know…**

- Games will be played on Tuesday Nights at 9:30 and Sunday Nights at 10:30 pm.
- All participants are required to provide their own equipment, which must include a HECC approved helmet with full face cage or shield.
- This is a non-check league. Checking, excessive physical contact and fighting will not be tolerated.
- Rules, team assignments and other information will be provided at the **MANDATORY PARTICIPANT MEETING** to be held on **October 14. Location will be announced when you hand in the registration form** (If you have a class or work during this time please notify the Intramural office to make other arrangements.)
- The registration deadline is October 8 at 3 pm in Tuttle North 281. The registration fee is $50 per person (goalies are free).
- For your convenience, Easy Money is accepted.

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**General Information (all fields required):**

Name:________________________________ Banner ID Number:________________________

Address:____________________ City:____________ State:_______ Zip:________

Phone Number:_____________________ E-Mail Address:______________________________

**Previous Playing Experience (all bullets required):**

- How would you rate your overall **ability level** (choose one):

  ___ Beginner ___ Intermediate ___ Advanced

- Have you ever tried out for the **varsity ice hockey team** at SUNY Brockport or any other College?

  ___ Yes ___ No

- What is the highest level of **competitive ice hockey** that you have played (choose one):

  ___ No prior experience

  ___ Youth hockey (house or travel level (A or B) ( _______How many Years?)

  ___ Varsity high school

  ___ College club or Junior College

  ___ Varsity College

  ___ Other (________________________________)

**Special Request (optional):**

- List any players that you would like to be placed on the same team with:

  ____________________________________________________________

***For office use only***

Payment Amount Collected: $50 Receipt Number:____________________

Player Rating:_____________________ Team Placement:____________________

Participant Meeting Attendance:__________ Liability Waiver Completed:______________