



## 2023 LSC Summer Rookie League Registration Form

League fee for the 2022 season is **\$425.00 cash, check or credit card**, due at the time of registration and payable to Lancerlot Sports Complex. **Please note that there will be no refunds issued for any reason.**

<b>Printed Name:</b>	<b>Date of Birth:</b>	<b>Sex: M / F</b>
----------------------	-----------------------	-------------------

<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
-----------------	--------------	---------------	-------------

<b>Cell Phone:</b>	<b>Work Phone:</b>
--------------------	--------------------

<b>Email Address:</b>
-----------------------

<b>Emergency Contact Name:</b>	<b>Emergency Phone:</b>
--------------------------------	-------------------------

<b>Have you ever played hockey before?</b> Yes / No	<b>If yes, where:</b> _____ <b>What level/type of league:</b> _____
--	--

Welcome to our "Rookie League" (aka C-League). This program is designed for men or women who want to learn the game or who have not played in years. This program focuses on low level gameplay, skating, passing, shooting, skills, drills, fundamentals, and technical knowledge of the game we so passionately love.

I understand that I must return the league issued jersey and socks that were furnished to me at the end of the year, or I will be held responsible for paying for a replacement. I also understand and agree to obtain proper USA hockey certifications and/or league appropriate insurance if applicable. I also understand that all proper paperwork, certifications, and payments must be complete in order to participate in league games.

I have read and understand the above statements (signature required) \_\_\_\_\_

**PAYMENT METHOD:**

Cash: _____	Check: _____ Check #: _____	Credit: _____
-------------	-----------------------------	---------------

If paying by check, name of bank on check \_\_\_\_\_

Credit Card# \_\_\_\_\_ Three Digit Security # on Back of Card \_\_\_\_\_

Type of Credit Card: (Visa, Master Card), \_\_\_\_\_ Expiration Date of Card: \_\_\_\_\_

Exact name as is appears on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

-----

**For LSC Staff use only:** Amount Paid: \_\_\_\_\_ LSC Staff: \_\_\_\_\_

