

VIRGINIA BEACH HOCKEY LEAGUE REGISTRATION FORM

NAME _____ PHONE _____

ADDRESS _____ EMERGENCY #: _____

SUB-DIVISION _____ ZIP CODE _____ AGE _____

SCHOOL _____ e-mail: _____

Request to be on the same team with: _____

I certify that my son/ daughter/ (I, if over 18) _____, is/ am in good health for participation in the VA. BEACH HOCKEY LEAGUE, LTD., and will not hold coaches, directors, commissioners. or other associates of VBHL liable for any injury or illness she/he may incur.

EVERY player must wear shin and mouth guards at ALL practices and games.

Player's signature: _____

Parent/guardian signature: _____ Date: _____

League Fees:

WINTER \$75; SPRING, \$75; SUMMER, \$75

_____ BEST Field Hockey discounted fee for all 3 seasons, \$150 – **A savings of \$75!**
(amount paid as part of \$180 registration fee for year-round program)

DONATION to Hockey Foundation \$ _____

Checks made payable to VBHL (please add athlete's name to memo line). If registering for BEST Field Hockey year-round program please remit payment as part of the \$180 registration fee with all other necessary registration forms. Registration fee may also be paid online through PayPal.

Mail signed forms to:

Meredith McLaren, BEST
4817 Admiration Drive
Virginia Beach, VA 23464

Mail checks to:

Cindy Midkiff, BEST
612 Lake Point Circle
Virginia Beach, VA 23451

Check age group:

PEEWEE (6-7) _____ **YOUTH** (8-10) _____ **JUNIORS** (11-12) _____ **SENIORS** (13-15) _____

Please call or email Cindy Midkiff (Director) with concerns and praises.

Hockey Hotline: (757) 422-5915.

Email: info@beachfieldhockey.com. Check our website www.beachfieldhockey.com for inclement weather cancellations.

**ALL ROSTERS WILL BE AVAILABLE ONLINE ONE WEEK BEFORE THE
START OF THE LEAGUE SEASON.**

