



Adult Hockey League Registration

League play will consist of 25 ice dates beginning Sept 3, 2019. League schedule will be available soon on www.stormontvaileventscenter.com

All participants are required to have insurance on file with the Expocentre prior to stepping onto the ice (**USA Hockey and ISI will be accepted**).
(Rink 13008)

Participant						
First	MI	Last	DOB	Gender	M	F
Primary phone #		Wk/Cell #		Email Address		
Billing address			City	State	Zip	
Mailing address			City	State	Zip	
Legal Guardian - required if participant is under 18						
First	MI	Last	DOB	Gender	M	F
Primary phone #		Wk/Cell #		Email Address		
Billing address			City	State	Zip	
Mailing address			City	State	Zip	
Emergency Contact						
Name			Relationship	Phone #		

Payment must accompany registration - Total Fee = \$400.00

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We will accept Visa, Mastercard, and Discover (please pay in person at the Admin Office M-F, 8-5) as well as cash payments and checks or money orders payable to Stormont Vail Events Center.

Fees (\$400) will be paid all at once or in two installments of \$200/each. Credit card information cannot be kept on file so you will need to come to the Administrative Offices to pay your fee.

League participation will be suspended if fees are not paid by December 1, 2019

In consideration of our participation in this activity, and in acknowledgment of the law, we hereby release and discharge SVEC/Global Spectrum LP, and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We also understand that SVEC is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SVEC reserves the right in perpetuity to use activity photos and videos of participants for marketing use in any medium. Participants waive all right of approval prior to use, and waive any claim for compensation. SVEC does not discriminate against any person on the basis or race, color, sex, national origin, age or handicap in the operation of any program, activity or facility.

Signature of participant (if 18+) or legal guardian: _____ Date: _____

Return completed form, proof of ISI Insurance and fees no later than Aug 30, 2019 to one of the following:

Stormont Vail Events Center, One Expocentre Drive, Topeka, KS 66612 * fax: 785-235-2967 * Expo Admin Office M-F 8-5 785-235-1986 * reception@ksexpo.com

