

Sauk Valley Inline Hockey Spring 2017



Registration.....Mon, Feb. 6, - Wed., Mar. 15

To qualify for a custom jersey, you must be registered by Wed., Mar. 15

Season.....begins Sun., Apr. 23 for approx. 9 wks.

Register Two Ways!

- in person at Dixon Park District administrative office, 804 Palmyra St.
- register online with credit card at dixonparkdistrict.com

Sponsorships

Would you like to sponsor a team? Information can be found at: svhockeyclub.com

Coaching

Interested in being a head coach or assistant coach? Be sure to check the "Coach" box on the reverse side. All coaches are required to attend a coach's clinic prior to the season. You will be contacted.

Ages and Divisions

5—8 years	Mite Division
9—13 yrs.	Pee Wee Division
14—17 yrs.	Jr. High / High
18 and up	Big Guys Division

Ages 5 - 17.....\$45.

Ages 18 and up.....\$70.

Dixon Park District and Sauk Valley Hockey Club reserve the right to combine player divisions depending on number of registrants.

Registration: No registrations will be accepted after the draft, and no one will be allowed to play without a signed registration and payment to Dixon Park District. Players under 18 MUST have parental signature.

Equipment: Required equipment for each player includes hockey stick, inline skates, approved hockey helmet with face shield, mouth guard, elbow pads, shin pads, gloves. Players under 18 are required to wear full face shield. Pucks will be used in all divisions. Chest protector, (padded shirt type ok) are highly recommended and may be required. **First-time players may borrow equipment (excluding skates) by calling Nathan Boyles, 815-973-9725 or nate212@gmail.com. Loans are for first season.**

Season: A permanent practice slot will be scheduled for each youth team. Practice times will typically be during the week, usually starting 5 pm. Coaches will notify each player after teams are drafted. Practices begin the week of April 10. Games are typically Sunday afternoons; however, changes may occur. Youth games will not start earlier than 9 am on Saturdays or Noon on Sundays. Rain-outs will be rescheduled as necessary.

No Checking: Sauk Valley Hockey club is a no checking or intentional hitting league. Incidental contact may occur during practices and games.



svhockeyclub.com OR
[facebook.com/saukvalleyhockeyclub](https://www.facebook.com/saukvalleyhockeyclub)



804 Palmyra Street, Dixon
815-284-3306
dixonparkdistrict.com

Registration, Sauk Valley Inline Hockey League, Spring 2017

Please print clearly!

Participant's Name: _____

Street: _____ City: _____ Zip: _____

Parent/Guardian: _____ Email address: _____

(will be used only for inline hockey communication)

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Age as of April 1, 2017: _____ Current Grade in School: _____

Male or Female (circle) Number of Seasons Played: _____

Note: Females are allowed to play down one full division if they choose.

Player Divisions: Please check appropriate division.

____ *Mites (5 – 8 years)*

____ *Pee Wee (9 – 13 years)*

____ *Jr. High/High School (14 – 17 years)*

____ *Big Guys (18 years and older)*

Interested in playing goalie? (circle) **Yes or No**

Sauk Valley Hockey provides goalie gear for all youth divisions. Your coach will have equipment available for practices and games.

Jersey Size: (circle one) Youth (S-M) Youth (L-XL) Adult (S) Adult (M) Adult (L) Adult (XL) Adult (XXL) Goalie Cut
34"-36" 39"-40" 40"-42" 44"-48" 52"-54" 54"-58" 58"-60" 60"

Jersey Number Choices: _____, _____, or _____

Brother/Sister requests to play on same team:

Sibling's Name: _____ **Sibling's age as of April 1, 2017:** _____

Any medical conditions that we should be aware of ? Yes or No

If yes, please list and submit a medical release from your physician **by Apr. 1, 2017** to the Dixon Park District. _____

For good and valuable consideration, the undersigned hereby releases the Dixon Park District; all of its cooperating agencies; and the elected commissioners, administrative officers, and instructors and agents of said parties, from any and all claims of whatever nature for any injury, loss, damage, accidents or expense arising from or out of the participation in the Dixon Park District Recreation Program, and further agrees to indemnify and hold harmless all of said parties above enumerated against claims and for all costs and reasonable attorney's fees arising out of or in any way connected to the participation in the recreation program. The undersigned hereby releases and agrees to indemnify and hold harmless all of said parties above in regards to person or persons the undersigned includes or invites to participate with them in any activity.

Parent-Guardian / Participant Signature: _____ **Date:** _____
(Signature is required.)

I am interested in sponsorship!

Name and Phone Number / Email Address to contact: _____

I am interested in volunteering for:

Coach (clinic required) _____ Assistant _____

Referee (clinic required) _____

Scorekeeper / Announcer _____

Dixon Park District



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Dixon, Illinois
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