

# Sauk Valley Inline Hockey Fall 2018



Registration.....ENDS Wed., Aug. 12

Season..... Sun., Sept. 2 through Oct. 21

## Register Two Ways!

- register online with credit card at [dixonparkdistrict.com](http://dixonparkdistrict.com)
- in person at Dixon Park District administrative office, 804 Palmyra St.

## 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

Out of District Fee .....\$10/participant

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

## Sponsorships

Would you like to sponsor a team? Information can be found at: [svhockeyclub.com](http://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.

**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](mailto:nate212@gmail.com). Loans are for first season.**

**Season:** A permanent practice slot, on Tuesdays and/or Thursdays at 5 pm, will be scheduled for each youth team. Coaches will notify each player after teams are drafted. Practices begin late August. 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](http://svhockeyclub.com) OR  
[facebook.com/saukvalleyhockeyclub](https://www.facebook.com/saukvalleyhockeyclub)

*Dixon Park District*



804 Palmyra Street, Dixon  
815-284-3306  
[dixonparkdistrict.com](http://dixonparkdistrict.com)

**Registration, Sauk Valley Inline Hockey League, Fall 2018**

**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 Aug. 12, 2018: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Male \_\_\_\_\_ or Female \_\_\_\_\_ 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? 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:** Youth (S-M) \_\_\_\_\_ 36" around waist/24" length

Youth (L-XL) \_\_\_\_\_ 40" around waist/26" length

**Jersey size will accommodate equipment worn.** Adult (S) \_\_\_\_\_ 42" around waist/29" length

Adult (M) \_\_\_\_\_ 46" around waist/29" length

Adult (L) \_\_\_\_\_ 50" around waist/30" length

Adult (XL) \_\_\_\_\_ 54" around waist/30" length

Adult (XXL) \_\_\_\_\_ 58" around waist/31" length

Goalie Cut \_\_\_\_\_ 62" around waist/31" length

**Jersey Number Choices:** \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_

**Brother/Sister requests to play on same team:**

Sibling's Name: \_\_\_\_\_ Sibling's age as of Aug. 12, 2018: \_\_\_\_\_

**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 Aug. 16, 2018** to the Dixon Park District. \_\_\_\_\_

**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 \_\_\_\_\_

Team Parent \_\_\_\_\_ Concession Helper \_\_\_\_\_

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:**

\_\_\_\_\_  
**(Signature is required.)**

**Date:** \_\_\_\_\_