

Adult Team Registration Form QC DEKHOCKEY

Adult Deknockey Lea	ague Date:
NAME of TEAM	NAME OF CAPTAIN
TELEPHONE	E-MAIL ADDRESS
IF TEAM IS SPONSOREI), NAME OF SPONSOR
spring / summer seas	Men competition / Men recreational / Women
and \$730 before the beginning of the Conditions: No reimbursement for the making it impossible for the player to QCDEKHOCKEY has the right to expegulations and that with no compense referees, when taking a decision concord the captain has the responsibility of rules and regulations before the start	he season mentioned in the case of the suspension of the team or a player, injury or illnes o play. Expulse a player or a team who does not respect the QCDEKHOCKEY rules and sation. QCDEKHOCKEY inc. can be represented by his employees, timekeepers, terning the discipline committee. Eassuring that all members of his team (regular players and substitutes) understand the coff the season.
Name:	E-MAIL address:

Make check payable to: QC DEKHOCKEY inc. Mailing address: QC DEKHOCKEY 4250 Sapphire Ln Bettendorf, IA 52722. Each player must sign the Waiver and Release Form which may be mailed with this form or filled in at the first official season game. Registration must be completed 2 weeks before the beginning of each season, in order to have schedule completed.