



WPHA

Western Pacific Hockey Association



Mail Payment to : **WPHA** 229 So. Homcrest Ave. West Covina, Ca. 91791 Phone : (626) 290-3456

Registration Form

Name: _____ D.O.B. _____ Age _____

Address: _____ City: _____ Zip Code: _____

Phone : _____ E-Mail : _____

Team Information

Team Level Position Jersey #

Payment Plans				Fees
1	Team Rep Fee	****	Due September 17th, 2007	\$ 230
2	Goalie Fee	****	Due September 17th, 2007	\$ 230
3	Player Fee	****	Due September 17th, 2007	\$ 425

WPHA Levels Of Play	
Level 1	Upper Inter./Advanced
Level 2	Intermediate
Level 3	Novice/Beginner

All payment plans except Paypal payments are cash or check only

Payment Plan Chosen: Amount Enclosed with Registration Form \$

Method of Payment > Cash Check Paypal Other

A \$25.00 Charge will be applied to all returned Checks

Player Agreement / Waiver and Release of Liability

By signing this agreement, I agree to meet all league payments by their scheduled deadlines. I also understand that if I fail to meet league fee deadlines, I may be removed from league play until payment obligation is met or replaced on my team roster by another player, whichever comes first. If I choose to terminate this agreement, I understand that it is my responsibility to notify Western Pacific Hockey Association in writing and that no refund or credit is implied upon early termination of this agreement by the participant. By signing this document below, I agree to abide by all rules and regulations that govern Western Pacific Hockey Association, which may include disciplinary action or removal from further league play deemed necessary by Officers of the Western Pacific Hockey Association regardless if I have or have not read materials offered. I also understand if I should be removed from further league play for disciplinary actions that I will not be entitled to a refund.

I also acknowledge and fully understand that the sport or activities to be engaged in involve risk of serious injury, including permanent disability or death and severe social and economic losses that may result not only from their actions, inactions or negligence, but also the action, inaction or negligence of others, rules of play, or the facility or of any equipment used. Furthermore, there may be risks not known to or reasonably foreseeable at the time of use or participation. I further acknowledge that an inherent risk of personal injury exists caused by pucks, skates, sticks or other players while participating in the sport of ice hockey and willfully assume the risk. I agree to hold harmless and faultless all officers and representatives of Western Pacific Hockey Association and Skating Edge Ice Arena should injury, death or severe social or economic losses occur. Western Pacific Hockey Association highly recommends that all players wear a HECC approved facemask and mouthpiece. If I choose to play without a facemask or mouthpiece, I understand the dangers and risks to my face, mouth, teeth and eyes. I also understand the risk of possible blindness, by playing without a facemask.

I have read the above Player Agreement / Waiver and Release of Liability and understand and agree to abide by all terms and conditions

Participants Name (Please Print)

Participants Signature

Date

New Season Begins September 23rd, 2007

www.wpha.us
www.westpachockey.com

For League Use			
P1			
P2			
P	A	D	T