

**Dakota Community Centre
Spring and Summer
Adult Hockey League**

Spring – April – June
Summer – June – August

Team Registration Form

SPRING SUMMER (Please circle season you wish to play)

Team Name: _____ Colors: _____

Division Desired (please circle) A B C D

Manager's Name: _____ Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Email Address: _____

Visa/Mastercard (circle one) Expiry Date: _____

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Authorized Credit Card Signature: _____

Special Date Requests: _____

Consent and Waiver of Responsibility: The players of the aforementioned team agree that the Dakota Community Centre and its staff will not be held responsible for any accidents or loss of personal property, and agrees to release the Dakota Community Centre from all claims or damages which may arise as a result of such accidents or loss. Teams will be expected to submit a valid Credit Card number which will be used to clear all outstanding league fees for their team.

Team Manager's Signature: _____ Date: _____

Note: The league director reserves the right to move any team from one division to another at any time during the schedule.

Contact Anthony Knapp, Program Manager at 254-1010 or email at dakotaccpm@shaw.ca