



2018 YOUTH COED ROLLER HOCKEY

Our Youth Coed Roller Hockey program is played as a 5v5, fast paced, non-contact way to introduce your youth to the sport of roller hockey. The emphasis of the program is placed on individual skill development, and game experiences.

AGE DIVISIONS*

- Mites & Squirts : 6 – 9 Players must be under 10 years of age as of JAN 1, 2018
Peewees: 9-13 Players must be under 14 years of age as of JAN 1, 2018
Bantams & Midgets: 13-18 Players must be under 19 years of age as of JAN 1, 2018
**Age Division break up subject to change pending registration numbers for 2018 season.*

FEE STRUCTURE

A partnership between the City of Sturgis and the following Townships: Fawn River, Sherman and Sturgis, allows residents of these townships to participate at the Resident Rate. Please be prepared to show proof of residency to receive the discounted rate. Fees are set to cover: Rec Department Equipment (Pucks, Goals) & Administration Costs

Individual Registration: Resident: \$24; Non-Resident: \$36 - Additional Children: \$15 Each

REQUIRED EQUIPMENT

ALL PLAYERS MUST HAVE HOCKEY STICK, HOCKEY HELMET WITH FULL FACE MASK, MOUTH GUARD AND INLINE SKATES. SUGGESTED: SHIN GUARDS, ELBOW PADS AND GLOVES. Players will each receive a team jersey to keep.

COACHES

Volunteer coaches are sought for all teams. If you're interested in coaching your child's team, please indicate so on the registration form.

SCHEDULE

Practices and Games will take place at Oak Lawn Park Skating Rink. Schedules to be announced.

2018 Youth Coed Roller Hockey Registration

Registration Deadline: Monday September 17, 2018

Cost: Resident: \$24
Non-Resident: \$36
Additional Children are: \$15 Each

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Name: _____ Birth Date: ____/____/____

Age on January 1st _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Email Address: _____

Player's Shirt Size (circle one): YS YM YL AS AM AL



Resident: \$24.00

City of Sturgis Sturgis Township Sherman Township Fawn River Township

Non-Resident: \$36.00

Burr Oak Township Other _____

Parent/ Guardian #1:

Willing to Coach:

YES NO

Name: _____ Phone: _____

Parent/ Guardian #2:

Willing to Coach:

YES NO

Name: _____ Phone: _____

In Consideration of this registration being accepted, we, the undersigned legal guardians of the child registering, release any and all claims for damages we may have against the City of Sturgis, Doyle Community Center, the Sturgis Recreation Department, and employees for injuries suffered during the life of this registration.

Parent/Guardian Signature _____ Date _____

Office Use Only:

AMOUNT PAID: _____

DATE: _____

CASH _____ CHECK# _____

Please return this form to: Doyle Community Center 310 N. Franks Ave. Sturgis, MI