

CITY OF ESCONDIDO

Community Services Department
Escondido Sports Center
3315 Bear Valley Parkway
Escondido, CA 92025
(760) 839-5425
(760) 739-7019 FAX



Roller Hockey Registration Packet

TO REGISTER complete the following:

- STEP 1: Team Information Card & Application** - Include your team name, the manager's name address, phone number(s), and desired league.

- STEP 2: Manager's/Coaches Contract** - Each manager or coach must complete the contract with a signature, printed name and date signed.

- STEP 3: Roster** - The roster must be completed legibly. A maximum of sixteen (16) players can be carried on a roster. A minimum of eight (8) players (soccer) and six (6) players (hockey) must be included on the roster at the time of registration. A \$2 fee will be charged for each player added to the roster after the first game. **Rosters are frozen after the 3rd league game.**

- STEP 4: Escondido Sports Center I.D. Cards** - All players on the roster must have a current Sports Center I.D. card before they participate in any practice, tryout or game. I.D. cards can be purchased for \$19 during normal business hours: M-F 3pm – 7pm, Sat. 8am – 6pm Sun.1- 6pm. Player I.D. cards must be presented to the scorekeeper prior to every game. The cards are compared with the official roster before each game. Those players unable to present a valid Sports Center I.D. card prior to each game will not be permitted to participate. It is recommended the team manager keep all of the cards on a "ring" and be responsible to present them to the scorekeeper prior to each game.

- STEP 5: Non-playing Coach or Manager Roster/Waiver Form** - Each team may also carry two (2) non-playing managers or coaches. They must sign the special waiver form provided.

- STEP 6: Pay the team fee - No personal checks will be accepted.** Only certified checks, cash, money order, company checks, or credit cards will be accepted for payment of league fees. Checks should be made payable to the "City of Escondido."

Game Days: Divisions will be assigned two game days, a "primary" and "alternate". The league will try to schedule most or all of the games on the "primary" days, time permitting. However, **teams MUST be available to play on both of these days.** It is possible teams will have regularly scheduled games on both the "primary" and "alternate" game days. Check the league flyer for specific game days and times.

ESCONDIDO SPORTS CENTER

OFFICE HOURS

Mon. - Fri.: 3pm - 7pm

Sat.: 8am - 6pm

Sun.: 1pm – 6pm

Weather Hotline:

760-839-5425 X4

Website:

www.escondido.org/sportscenter



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FOR INTERNAL USE ONLY	
DATE TURNED IN _____	
LEAGUE _____	
METHOD OF PAYMENT:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check
<input type="checkbox"/> Credit Card	

TEAM INFORMATION CARD & APPLICATION

We hereby make application to enter the Escondido Sports Center (ESC) Soccer or Hockey League. (This application does not guarantee your team a spot in the league applied for. Rosters are subject to verification and must be approved by ESC staff. The City reserves the right to refuse service to any team and/or individual that has a known history of unsportsmanlike behavior.)

1 TEAM INFORMATION

PLEASE PRINT

Team Name				Sponsor (if any)			
Manager's Name			Home #			Work #	
Mailing Address				City			Zip
Assistant Manager			Home #			Work #	
Manager's E-mail				Asst. Manager's E-mail			

2 LEAGUE INFORMATION

Season	Program	Sport	League	Division
Spring <input type="checkbox"/>	Youth <input type="checkbox"/>	Roller Hockey <input type="checkbox"/>	AHL <input type="checkbox"/>	
Summer <input type="checkbox"/>	Adult <input type="checkbox"/>		School Hockey <input type="checkbox"/>	
Fall <input type="checkbox"/>				

Do you need additional players? Yes No

Did your team play last season? Yes No If YES, under what name? _____

3 PAYMENT INFORMATION

Activity	Fee
	\$
Optional Scholarship Donation	\$ 1.00
- Discount/*Credit/Scholarship	- \$
TOTAL	\$

Mail-In/Fax-In Only
There is a \$10.00 minimum charge for Mastercard or Visa.

PRINT NAME AS IT APPEARS ON CARD _____

Signature _____ Expiration Date _____

Mastercard or Visa # _____

I hereby authorize the use of my Mastercard or Visa account: (circle one)

*Please send your yellow copy of credit voucher with registration form.

Make checks payable to: **City of Escondido**. Mail to: **Escondido Sports Center, 3315 Bear Valley Parkway, Escondido, CA, 92025**. Enclose a self-addressed, stamped envelope for a receipt.



**Escondido Sports Center
OFFICIAL LEAGUE ROSTER**

Team Name:		Sport:	
Division:		Season:	
Manager/Coach:		F/C	Assistant:
			F/C

	#	LAST NAME	FIRST NAME	ID EXP. DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

REQUESTS: These requests **ARE NOT GUARANTEED**. We will make every effort to accommodate your team's needs, however, once the schedule is set, **no changes can be made**. Any game you cannot attend will be considered a forfeit.

Preferred Game Times (check your league flyer for game times):	
Is there a date during the season your team is unable to play on your primary or alternate game day?:	

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COACH OR MANAGER WAIVER FORM AND CONTRACT

Team Name (if Known) _____ Email: _____

Print Name: _____ Phone: (hm) _____ (wk) _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Phone: (cell) _____

LIABILITY WAIVER:

I agree to indemnify, defend, hold harmless and release the City of Escondido, its officers, agents, and employees from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I or my team members may sustain while using property or equipment owned by or under the control of the City of Escondido, or while participating in any activity sponsored by the City of Escondido, or (2) any death or injury which results or increases by any action taken to medically treat me. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition of property, or the alleged negligence or any acts or omissions of the City, its officers, agents, or employees.

I understand that the City may take photographs for the use in City publications and news releases without my written consent.

1. I know that all of the sports at the Sports Center are hazardous recreational activities;
2. I know there is the risk of injury or death if I participate in any of these sports;
3. I voluntarily participate in the sports of the Sports Center, and I sign my name below so that I may participate – I can choose not to sign this agreement by choosing not to participate;
4. I agree that if anything happens to me while participating, including injury or death, I release the City of Escondido and any of its employees from liability; and
5. If I am injured while participating, I agree that anyone who provides medical assistance shall not be liable if they cause my death, increase my injury or cause additional injury;
6. I have read and understand rules and regulations that govern the program/sport for which I am registering. Furthermore, I understand that it is my responsibility as coach/manager to inform all of the members of my team of the rules and regulations.

AS A MANAGER OR COACH AT THE ESCONDIDO SPORTS CENTER, I WILL:

1. Refrain from the use of profane, vulgar and foul language at any time in the course of league business or activities.
2. Refrain from any abusive verbal attacks, disparaging remarks or dialogue with staff, referees, teammates, coaches, opponents and spectators.
3. Not participate in, or instigate my players to partake in, acts of or threats of physical violence towards referees, teammates, opposing players, parents or staff, under any circumstances.
4. Refrain from objectionable demonstrations or any other forceful action.
5. Abide by and accept all decisions of the referee and staff, whether or not I feel there is any real or imaginary wrong decision or judgment made.
6. Not instruct my players to engage in unnecessary "rough tactics" against opposing players.
7. Not recruit or allow my coaching assistant(s), players or parents to recruit opposing ESC players.
8. Abide by the drug-free, alcohol-free and tobacco-free environment at the ESC.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN:

1. Written or verbal warning, OR
2. Removal from current game or next game scheduled, OR
3. Suspension for the remainder of the season, OR
4. Suspension for one year, OR
5. Suspension indefinitely, pending review.

I AM ABLE TO READ, AND I HAVE READ THE ABOVE AND UNDERSTAND IT.

Signature of Coach/Manager

Date

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NOTICE
Roster additions must be submitted and approved at least 24 hrs prior to the next game.

POST DEADLINE ROSTER ADDITION

We hereby make application to add _____ to the
roster of the following team:
PLAYER'S NAME

Team Name: _____ **Division:** _____

Sport: _____ **Season:** _____

Manager's Name: _____ **Signature:** _____

Office Use
Date: _____ Time: _____ Staff Int.: _____



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