

NAA NEIGHBORHOOD ATHLETIC ASSOCIATION

RUN & SHOOT DECK HOCKEY www.recleagues.com



TEAM REGISTRATION

Team Name: _____

Captain: _____ Home#: _____ Work#: _____ E-Mail: _____

Roster: _____

1	5	9
2	6	10
3	7	11
5	8	12

*All team rosters must include a **minimum of 6 players** (maximum of 12).

INDIVIDUAL REGISTRATION

Player Name: _____ Home#: _____ Work#: _____ E-Mail: _____

Position(s): _____

REGISTRATION FEES

- Regular Season (\$500/Team; \$50/Individual) Double Elimination Tournament (\$250/Team; \$25/Individual)

Please enclose a check or money order for tournament or 10 week season, including playoffs, referees, awards dinner and team/MVP awards.

Method of Payment: Personal/Company Check
 Cashiers Check/Money Order
 AMEX DISC VISA MC

Make checks payable to:

NAA, Inc.
PO Box 31524
Alexandria, VA 22310
Information Line: 703-851-3332
Credit Card Fax: 703-960-2299

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

PLAYER AGREEMENT - PLEASE READ CAREFULLY: In registering for this league or tournament, I agree that NAA, Inc., its agents, officers, and employees are not liable for injuries or damages that may occur to person or property. Furthermore, by playing in this league or tournament, I will assume all risks and agree not to bring any legal action against NAA, Inc., its agents, officers, and employees. No refunds will be issued after ten days following registration deadline. By submitting/signing this form, I agree to all of the above terms and conditions.

SIGNATURE REQUIRED: _____

DATE: _____