



Adult Hockey League Registration

League schedule will be
emailed to all registered players.

All participants are required to have insurance
on file with the Stormont Vail Events Center prior to
stepping on the ice (**USA Hockey only accepted**).
KSH0125

Participant						
First	MI	Last	DOB	Gender	M	F
Primary phone #		Wk/Cell #	Email Address			
Billing address			City	State	Zip	
Mailing address			City	State	Zip	
Legal Guardian - required if participant is under 18						
First	MI	Last	DOB	Gender	M	F
Primary phone #		Wk/Cell #	Email Address			
Billing address			City	State	Zip	
Mailing address			City	State	Zip	
Emergency Contact						
Name			Relationship	Phone #		

Payment must accompany registration - Total Fee = \$600.00

Goalie? Y N *Goalies: FREE

We will accept Visa, Mastercard, and Discover (please pay in person at the Admin Office M-F, 9-3) as well as cash payments and checks or money orders payable to Stormont Vail Events Center.

Fees (\$600) will be paid all at once or 1 installment per session (\$300 each). **A 4% credit card fee applies. Card information cannot be stored, so payment must be made in person at the Administrative Offices.**

League participation will be suspended if fees are not paid by December 15, 2025

In consideration of our participation in this activity, and in acknowledgment of the law, we hereby release and discharge SVEC/Oakview Group, and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We also understand that SVEC is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SVEC reserves the right in perpetuity to use activity photos and videos of participants for marketing use in any medium. Participants waive all right of approval prior to use, and waive any claim for compensation. SVEC does not discriminate against any person on the basis or race, color, sex, national origin, age or handicap in the operation of any program, activity or facility.

Signature of participant (if 18+) or legal guardian: _____ Date: _____

Return completed form, proof of USA Hockey and fees no later than Oct 17, 2025 to one of the following:

Stormont Vail Events Center, One Expocentre Drive, Topeka, KS 66612 * fax: 785-235-2967

* Admin Office M-F 9-3 785-235-1986 * emily.schnacker-pt@oakviewgroup.com