

# Wheelchair Hockey League Commitment Form



Date: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that

I will make a commitment to my team to attend as many season games as possible. When I know that I will miss a game, I will call my captain (or WCHL Commissioner) to let them know, so a substitute can be found to take my place.

I will read over the WCHL rule book, and know the rules of the game.

I will wear my team jersey to every game, because it is a league rule. Wearing my jersey is also beneficial to the referee, my teammates and spectators so that the teams can be told apart.

**I understand that after 3 unexcused absences, I give up my roster spot on any WCHL team and will be placed on the substitute list for the remainder of the season**

I also understand there will be strict starting times for the games, as two games will be played each scheduled date. I will try to be on time, because each team needs a minimum of 4 team players to play, or the team will forfeit.

I will treat my teammates, opponents, referees and all involved with the WCHL with equal respect that I myself would expect to receive in return.

I further make a commitment to the league by paying a yearly dues of \$40

Player Signature \_\_\_\_\_

Parent Signature (if under 18) \_\_\_\_\_