



2010 – 2011 Hagerstown Youth Hockey Association Registration Form

USA Hockey Number: _____ DOB: _____
MM/DD/YY

PLAYER REGISTRATION

Player Name: _____
Address: _____
Phone Number: _____ Email: _____
School Attending: _____ Grade: _____

Age Level (Check box): (player fee/goalie fee*)

MITE REC(\$600/\$330) MITE TRAVEL (\$1275/\$700) SQUIRT (\$1275/\$700) PEEWEE (\$1275/\$700)

BANTAM (\$1275/\$700) U16 (\$1350/\$742) U18 (\$1350/\$742 or \$850)*

*Two full time goalies with own equipment per team receives this pricing as determined by the head coach.

**U18 will pay non-CBHL fee of \$850 per player or goalies. If team decides to play in CBHL, fees is upped to \$1350 per player and \$742 for the first two full time goalies. Jerseys/socks included in U18 non-CBHL pricing.

PARENT INFORMATION

Primary Parent/Guardian Name: _____
Address: _____ Phone Number: _____
Business Phone: _____ Email: _____
Place of Employment: _____ Business Phone: _____

Secondary Parent/Guardian Name: _____
Address: _____ Phone Number: _____
Cell Phone: _____ Email: _____
Place of Employment: _____ Business Phone: _____

Consent to Release Photo/Image: During the course of Hagerstown Youth Hockey Association programs, your child's image or photograph might be used for various purposes including but not limited to our brochures, website, and television ads. Please initial

Financial Agreement: I/We agree to pay all fees and that if fees are not paid in full by December 15th 2009, I/my child(ren) will not be permitted to participate in any HYHA activities (including any practices and games) until such time where we have paid in full for the amounts noted below. I/We further agree that HYHA will be authorized to use all legal methods to collect any outstanding fees that might be outstanding at the time of withdrawal from HYHA unless special arrangements have been made with the Registrar of HYHA in writing. (Please initial)

Primary Parent/Guardian Signature

Office Use: ___ Cash ___ Check ___ Charge ___ Receipt Number