Youth Hockey Registration 2011/2012 Season

(Please fax to 576-0671 or email to klord@ihwinterclub.com)

Players must be registered with USA Hockey to participate. Visit www.usahockey.com to register and include your registration page with this form.

Devlopmental ($350);____ Mite ($600);____ Squirt ($650);____ Pee Wee ($700);____ Bantam/JV/Varsity ($750);___

Last Name of Participant:_____ First Name:_____

Date of Birth:_____ Age As of 12/31/2011:_____

Years experience playing hockey:_____ Level:_____

If no hockey experience, skating levels already mastered if any:_____

Note: If the participant has not played hockey or mastered the required prerequisite skating skills, they should register for the developmental program.

Mother/Guardian Name:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Father/Guardian Name:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

In Case of Emergency Name:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Doctor in Emergency:_____ Phone:_____

Email #1:_____ Email #2:_____

I am willing to serve as (please circle): Coach Assistant Coach Admin/Manager

Jersey (Circle Size):

Mites (ages 5-8) are all youth sizes		S	M	L
Squirts (ages 9-10) are all youth sizes		-	M	L
Peewee (ages 11-12) youth or adult sizes		Youth XL	Adult S	Adult M
JV and Varsity adult sizes;	S M L XL XXL XXXL			

Current Jersey number (if you are keeping your jersey); _____ Requested number (if new);_____

Socks (Circle Size): Mite - S Squirt - M Peewee - L

Warm up size (please specify youth small, medium or large or adult small, medium, large or extra large); _____

Release: I understand that the IHWC does not provide medical insurance for its recreational programs. I will be responsible for any expense incurred or injuries received by this player while engaged in this sport. I also understand that any youth sport activity carries inherent risks and agree not to hold the coaches, managers, officials, Board members or the Indian Hill Winter Club responsible for any injuries or expenses.

Signature:_____ Date:_____

Initial:_____ I authorize the IHWC to charge my account monthly for the above fees.