

SAUK RAPIDS YOUTH HOCKEY ASSOCIATION 2009-2010 REGISTRATION FORM

Does the player attend school in Sauk Rapids/Rice School District ISD 47? Yes / No If no, where: _____

Is the players PRIMARY HOME address within the Sauk Rapids/Rice School District boundary (ISD 47) or in a community not served by another hockey association, e.g. Foley, Royalton...? Yes / No

Player Name (As is appears on the birth certificate):

Last _____ MI _____ First _____ DOB ____/____/____ Gender: M F

Player Address _____

City _____ Zip _____ Telephone: _____ /2nd: _____

Parents/guardian information:

Dad/guardian: Name _____

Mom/guardian: Name _____

Email address (REQUIRED-these addresses will NOT be shared outside SRYHA). E-mail and website will be used as primary communication tools for all SRYHA families.

Dad Email _____ Cell phone _____

Mom Email _____ Cell phone _____

Please answer the following questions:

Photos taken during SRYHA activities may be used in promotion of SRYHA **UNLESS** you initial here: _____

I authorize SRYHA to have my child's picture and name to appear in the newspaper and on SRYHA website Yes No

Is the individual new to hockey in their 1st year with SRYHA? Yes No

Does your child want to play goalie? Yes No

My child is interested in trying out. Yes No (\$25.00 additional fee for tryouts)

Please indicate at which age level the individual will play: _____.

(See Player Age Chart on website)

Annual Fee	First Family Member	Each Additional Family member	First Time Player
General Registration Fee	\$110.00	\$85.00	\$10.00
Tryout Fee (per skater/per level)	\$25.00	\$25.00	\$25.00

I, the undersigned, hereby authorize the Sauk Rapids Youth Hockey Association to accept the above individual as a participant in the Association's hockey program. I recognize that there are certain physical hazards to be expected in the game of hockey and knowingly release and hold harmless the SRYHA, it's officers, directors, coaches, managers, and members from any and all liability, including any and all personal injury resulting from participation in the Associations programs. I understand that all registration fees are NON-refundable.

Signed _____ Date ____/____/____

(Parent or Guardian Signature Required)

Office use only: Level _____ Tryout _____ New _____ 1/2 season _____ LOI _____

2009-2010 Season Registration

When: Thursday, Aug 20 5:00-7:00

 Tuesday, Aug 25 5:00- 7:00

Where: Sports Arena East-Benton County Fairgrounds

Registration & payment may also be mailed to:

Tammie Thyen
1210 9th Ave N
Sauk Rapids, MN 56379

Annual Registration Fees Summary

General Registration \$ _____

Tryout Fee \$ _____

Other fees/dues/credits \$ _____

Total Amount Due \$ _____

Amount Pd _____

Check # _____

Cash _____

Date received _____