

**SAUK RAPIDS YOUTH HOCKEY ASSOCIATION 2009-2010**  
**HALF SEASON SKATER 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 \_\_\_\_\_

**Note: You are required to provide a copy of your child's OFFICIAL STATE ISSUED birth certificate for age verification at time of registration.**

***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

**All first year skaters under age 6 are** required to register for this program. If a skaters ability is above this program the skater will be eligible to move up to the full season program if level coordinators and parents agree.

Skater may opt to continue skating with full season teams at the end of this program, however full season programs require additional fundraising responsibilities. The cost of running a successful hockey program requires costs which are covered through fundraising from its members. Skaters in the first year beginner program are only required to participate in the Herberger's Community Day coupon booklet sale. Full year skaters are also required to participate in our main fundraiser (or optional buy out) and work a minimum of 15 hours in the concession stand.

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)

**Annual Registration Fees Summary**

Registration                                    \$25.00

Monthly Dues @ \$50.00 per month    \$50.00 (first month collected at registration)

Total Amount Due                            \$ \_\_\_\_\_

Amount Pd \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Date received \_\_\_\_\_

