

KYHA 2009-2010 REGISTRATION FORM

Player Name: _____ Parents name: _____
(as shown on Birth Certificate)

Players DOB: ___/___/___ School: _____ Player Email: _____@_____

Mailing Address: _____ Town _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____@_____

| Team | Date of Birth | Goalie? | USA Hockey Registration?* | Deposit | Balance | Total Fee** due by October 15, 2009 |
|------------------------------------------------|------------------------|--------------------------|---------------------------|----------|----------|----------------------------------------|
| <input type="checkbox"/> Learn-to-Skate Fall | Born in 06 or earlier | <input type="checkbox"/> | <input type="checkbox"/> | --- | --- | Free |
| <input type="checkbox"/> Learn-to-Skate Winter | Born in 06 or earlier | <input type="checkbox"/> | <input type="checkbox"/> | --- | --- | Free |
| <input type="checkbox"/> Learn-to-Play | Born in 01, 02, 03, 04 | <input type="checkbox"/> | <input type="checkbox"/> | \$100.00 | \$200.00 | \$200.00 |
| <input type="checkbox"/> GSL Mite | Born in 01, 02, 03 | <input type="checkbox"/> | <input type="checkbox"/> | \$250.00 | \$300.00 | \$550.00 |
| <input type="checkbox"/> GSL Squirt | Born in 99, 00 | <input type="checkbox"/> | <input type="checkbox"/> | \$300.00 | \$400.00 | \$700.00 |
| <input type="checkbox"/> GSL Peewee | Born in 97, 98 | <input type="checkbox"/> | <input type="checkbox"/> | \$300.00 | \$400.00 | \$700.00 |
| <input type="checkbox"/> Girls | Born in 95 or earlier | <input type="checkbox"/> | <input type="checkbox"/> | \$300.00 | \$400.00 | \$700.00 |

* USA Hockey requires online registration. Please submit online registration receipt with KYHA Registration. To register online please go to <http://www.usahockeyregistration.com/> . Please contact the registrar as Registrar@KearsargeHockey.com with any questions.

**Discounts are offered to multiple player families. Please contact the KYHA Treasurer, Treasurer@KearsargeHockey.com for multi players discounts.

Please Note the following registration requirements:

- **Financial Aid and payment plans are available, are provided on a first come first serve basis. Please contact the KYHA Treasurer to request Financial Aid. Financial Aid requests must be submitted by October 1, 2009 to be considered for the 2009-2010 Season.**
- **Please contact the KYHA Treasurer to pay on a payment plan. The payment plan is one third due on June 15, August 15, October 15.**
- **All registration fees (see "Total Fee" in above table) must be paid by October 15, 2009. No skater with an outstanding balance will be allowed on the ice. Any player with an outstanding balance after October 15, 2009 will incur a \$25 per month late fee and will not be allowed to skate.**
- Unpaid fees from the 2008-2009 season must be paid before your child can register for the 2009-2010 season.
- Make your check out to Kearsarge Youth Association (KYHA) and please note your child's name on your check. To pay by credit card, add 3% to the payment amount. Please contact the KYHA Treasurer, Treasurer@KearsargeHockey.com to pay by Credit Card. All fees are non-refundable.
- Any checks returned for insufficient funds will incur an additional \$35 processing fee. After two (2) returned checks, future payments will be required in cash or bank check.
- I acknowledge I have read and will abide by all the requirements above. Parent/Guardian Initials _____

Mail to: Kearsarge Youth Hockey Association, P.O. Box 1771, New London, NH 03257
 Check Number: _____ Amount: _____ Office Use Only: Date Rec'd: _____ Initial: _____

KEARSARGE YOUTH HOCKEY LIABILITY RELEASE

I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participating I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, and agree to Waiver of Liability, Release and Indemnity Agreement and confirm that the absence of my signature on that form is due only to administrative facilitation of my/my child's registration. The undersigned also understands that the Kearsarge Youth Hockey Association and Proctor Academy assume no responsibility for property loss, damage, or personal injury to the above arising directly or indirectly from participation in the Kearsarge Youth Hockey Program. The undersigned assumes all risks and dangers incident to participation in the Kearsarge Youth Hockey Program and arising out of use of the Teddy Maloney Arena and other facilities that may be used during the program.

Parent/Guardian Signature _____ Date _____