

VYH use only	Level	_____
	Reg. Fee	_____
	Sibling discount	_____
	Deposit received	_____
Ck#	balance	_____
Ck#	payment	_____
	balance	_____
Ck#	payment	_____

Vernon Youth Hockey 2011-2012 Fall / Winter Participant Registration Form

Player Name _____ Date of Birth _____

Parent(s) Guardian _____

Street Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Parents Cell # Mom _____ Dad _____

Email _____

Jersey # _____ Jersey required? Yes No Last team played for _____

Fall/Winter Outline: Each team will play a minimum of 14 games and plus playoffs. Squirts will have a total of 16 practices. Pee Wee and Middle School will have 20 practices. All practices will be held at Skylands Ice World. Game Jerseys and socks are **not** included in the registration cost. All players must be registered with USA Hockey. USA registration must be renewed each year and is the player's responsibility to do so.

Team Fees: Squirt: (2001-2003) \$675
 Pee Wee (1999-2000) \$850 Bantam/Middle School (6th, 7th, 8th grade) \$850
 Travel Players games only \$450 PW and MS \$400 Squirts

Discount: \$50 sibling discount.

Mandatory Fundraiser All families will be required to sell 20 raffle tickets at the cost of \$5 each. A \$50 discount will apply to any family selling 40 or more.

Payment Schedule: Minimum \$250 deposit required with registration form and can be mailed to PO box address above. **Players registered after 9/30/11 will be charged a \$50 late fee.** One half of the total registration fee is due on or before Registration night 9/19. Balance due 12/15.

Payment plan: VYH will accept a total of 3 post dated checks for the balance remaining after ½ of fee has been received. No checks dated after 12/15 will be accepted. **All registration must be paid in full by 12/15/2011.**

Waiver: Due to USA Hockey rules and insurance regulations, a player will not be permitted to participate in the VYH program before his/her signed registration form, a copy of birth certificate (new players only), proof of USA Hockey registration, signed parent and player Code of Conduct agreement, USA Hockey/Medical consent, USA Hockey Waiver of Liability and payments as scheduled are received. I agree to abide by all the rules and regulations established by USA Hockey and Vernon Youth Hockey. I will provide all necessary safety equipment. I hereby release from liability the coaches, managers, board members, sponsors, and participants for any mishaps, accidents or injuries incurred as a result of participation or transportation to and or from any activity. I agree that if any injury or accident occurs I will seek recovery from my own insurance company.

Parent/Guardian signature _____ **Date** _____