

Findlay Amateur Hockey Association 2011/2012 Season Registration

Date Received:

Office Use

Deposit Amount:

Office Use

Registration Number:

Office Use

PLAYER INFORMATION - (Use Name as it appears on Player's Birth Certificate)

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Date of Birth

Sex

Home Phone Number

Father's Name

Work Phone

Mother's Name

Work Phone

Email Address (Please Print Clearly)

US Citizen?

If not, what Country?

Please check the division in which you are registering for (Age as of 12/31/2011):

Initiation Program

Squirts (9 & 10)

Midget (15, 16, 17, & 18)

Mini Mites (5 & 6)

PeeWee (11 & 12)

Mites (7 & 8)

Bantam (13 & 14)

I plan on having my child attend tryouts for a Select Team

Yes No

I plan on having my child attend tryouts for a Travel Team

Yes No

Were you registered with FAHA in the 2011/2012 season?

Yes No

If not previously submitted, a copy of the player's birth certificate must accompany this application.

RELEASE

As parent or legal guardian of the above named player, I hereby give my approval for his/her participation in any and all activities of this program during the current season. I assume all risks and hazards incidental to such activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless, the Findlay Amateur Hockey Association (FAHA), all organizers, supervisors, participants, and persons transporting my child to and from activities, from any claim arising out of injury to said child. I understand that injuries resulting from participation in the sport of ice hockey are not uncommon, and that my child may sustain an injury while participating in the activities sponsored by FAHA, or while traveling to or from these activities. In the event that neither a parent or legal guardian is immediately available at the time of an injury to my child, I authorize the head coach or team manager to obtain all emergency medical or dental services as recommended by the attending physician or dentist. I also agree to assume full financial responsibility for all the medical or dental services provided to my child under such circumstances.

It is also understood that Findlay Amateur Hockey Association (FAHA) must be completely financed by the participant for the season. It is agreed that FAHA will estimate in advance the total cost for the year and reserves the right to collect a final assessment from each participant later in the season, if necessary. All fees must be paid in accordance with the terms instituted for the 2011-2012 Season. It is agreed that the parents of the above named child and the person signing this form will be responsible for the payment of all fees and assessments and that if the above named child's fees become delinquent, the child shall not be allowed to participate. It is agreed that there will be no refund of fees if the above named child is suspended or expelled from FAHA activities.

Parent

Signature: _____

Date: _____

I understand that under the Zero Tolerance Policy adopted by USA Hockey and the Youth Sports Violence Prevention Policy adopted by the Findlay Parks and Recreation Board, that if I should become involved in any act of violence toward any official, coach, parent, player or other spectator while attending any Findlay Amateur Hockey Association activity, I face a one-year suspension from further participation or attendance at such activities.

Player

Signature: _____

Date: _____

Parent

Signature: _____

Date: _____

Please mail to: FAHA
2447 Tiffin Ave., Suite 213
Findlay, OH 45840