

WASILLA WILD HOCKEY

REGISTRATION FORM



PLAYER NAME

_____ *First* _____ *Middle* _____ *Last*

DATE OF BIRTH

_____ *Month* _____ *Day* _____ *Year*

AGE

JERSEY NUMBER

_____ *1st Choice*

_____ *2nd Choice*

USA HOCKEY CONFIRMATION #

LEVEL PLAYED LAST SEASON 08-09 MITE SQUIRT PEEWEE BANTAM U16

POSITION(S) PLAYED 08-09 CENTER R WING L WING DEFENSE GOALIE

RETURNING WOYHA PLAYER YES NO

IF NO, LAST ASSOCIATION YOU SKATED FOR?

OFFICE USE

Birth Certificate

USA#

Consent to Treat

Code of Conduct

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME

_____ *First* _____ *Middle* _____ *Last*

MAILING ADDRESS

HOME #

WORK #

CELL #

E-MAIL

FATHER'S NAME

_____ *First* _____ *Middle* _____ *Last*

MAILING ADDRESS

HOME #

WORK #

CELL #

E-MAIL

No Pay, No Skate Policy

WOYHA bills players monthly for ice, therefore, payment after 30 days is considered past due and will result in no pay, no skate policy until the ice bill past due is current.

X

Parent Signature

Are you willing to volunteer in any of these areas?

_____ COACH

_____ ASST. COACH

_____ TEAM TREASURER

_____ TEAM MANAGER

_____ SCOREKEEPER

_____ CONCESSION COMMITTEE

_____ FUNDRAISING/GAMING

ASSOCIATION FUNDRAISER BUY OUT (OPTIONAL)

\$75

PAID? Y / N

INDIVIDUAL TEAM FUNDRAISER BUY OUT (OPTIONAL)

\$75

PAID? Y / N