



MARBLEHEAD YOUTH HOCKEY ASSOCIATION, INC.

P.O. Box 1426
Marblehead, MA 01945-5426

2015-2016 MYHA REGISTRATION FORM

Please provide all requested information, sign the form & bring to Registration Night March 5th

All skaters must have this form filled out prior to 2015-16 spring tryouts for MYHA. No one will be allowed on the ice without this form completed and the required \$300.00 non-refundable deposit to ensure a roster position for next season. Teams that do not have tryouts still need to have this form completed for all players prior to them going on any ice (game or practice) for MYHA. **2015-16 Fee: Mite-Bantam \$1,400, Mite X-Ice \$1,200 and Midget \$575 (5% upfront payment discount) . Payment in full is due by October 1, 2015.** Please see website for the tuition plans and policy.

Billing Information

Player Information

Parent:		Player Name:	
Address:		Date of Birth:	
Town/Zip:		2014-15 Jersey #:	
Home Tel:		Parent #1 Name/Email:	
Mobile:		Parent #2 Name/Email:	
Work:		Misc:	

The undersigned hereby gives the above named registrant approval to participate in any and all activities sponsored by Marblehead Youth Hockey Association, Inc. (MYHA).

FURTHER, the undersigned hereby understands and agrees not to hold MYHA, and/or its Agents (Agents include, but are not limited to, Directors, Officers, Coaches, and Coordinators) liable for any injury or property damage caused to or by the registrant while being transported to or from or during a sponsored activity.

FURTHER, the undersigned give permission to any Agent of MYHA to administer first aid in the event of an accident while being transported to or from or during a sponsored activity and further to seek and utilize the services of a Doctor or Hospital if in such Agent's sole discretion such services are necessary.

FURTHER, the undersigned agrees as a condition of the registrant being permitted to participate in activities sponsored by MYHA, not to commence, participate in, or aid in any manner, any legal action or suit on behalf of the above mentioned Player or his Parents, Guardians, Heirs, and assigns.

AND FINALLY, the undersigned is responsible for fees assessed to the above named registrant, and agrees to make prompt payment of invoices, arranging alternate payment schedules with the MYHA president or treasurer, if necessary, and to raise any billing questions within a given billing period. I agree to pay interest at the rate of 1.5% per month (18% annually) on past due invoices.

SIGNED: _____ / ____ / ____
(PARENT OR LEGAL GUARDIAN) (PLAYER) (DATE)

I'D LIKE TO VOLUNTEER TO:

- Head Coach Assistant Coach
 Board of Directors Fundraising Committee
 St. Lambert Exchange Committee Team Coordinator
 Other _____