



WHITESTOWN YOUTH HOCKEY ASSOCIATION
P.O. Box 61 WHITESBORO, NY 13492
<http://sites.google.com/site/whitestownhockey>

2009-2010 SEASON
WYHA REGISTRATION FORM

TODAY'S DATE: 9/9/09			REGISTRATION PROCESSED BY:			
PLAYER'S INFORMATION						
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:	DATE OF BIRTH:	AGE:	SEX:
ADDRESS:			HOME PHONE NO.:		CELL PHONE NO.:	
APARTMENT #:		CITY:		STATE: NY	ZIP CODE:	
PARENT'S/GUARDIAN'S NAMES:			E-MAIL ADDRESS:		PHONE NUMBER:	
REGISTRATION LEVEL: Confirmation #: Organization Played for in the 2008-2009 Year: Release:						

OFFICIAL USE ONLY		REGISTRATION FEES PER LEVEL	
REGISTRATION FEE (SEE RIGHT):	\$ 400.00	DIVISION	SINGLE
TRY-OUT FEE:	\$	LEARN TO SKATE	\$100 / \$100
RAFFLE TICKETS:	\$ 25.00	MITES	\$400
Jersey Fees:	\$	SQUIRTS	\$400
Equipment Deposit:	\$	PEE-WEES	\$400
SUB-TOTAL: LESS:		BANTAMS	\$400
Online Registration Fee (\$33.00)	\$	Girls 12U	\$400
SIBLING DISCOUNT		2000 Independent Team	\$400
(2 ND CHILD 10% OFF, 3 RD 15%, 4 TH 20%)	\$	MIDGETS (FULL SEASON)	\$400
Total Due:	\$	MIDGETS (SPLIT SEASON)	\$200
TOTAL PAID:	\$	RAFFLE TICKETS	\$25
		Travel TRY-OUT FEE	\$35

METHOD OF PAYMENT			
CHECK METHOD OF PAYMENT:		Check #:	
CARD HOLDER'S NAME:	EXPIRATION DATE:	CARD NUMBER	HOME PHONE No.:
CREDIT CARD COMPANY			

*****ALL FEES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION*****

I acknowledge that the information provided above is accurate and accept full responsibility for all charges incurred during my child's participation in WYHA. I agree to adhere to the Zero tolerance WYHA Code of Conduct. I understand that my son/daughter will not be allowed to skate if any infractions, missed payments or inaccuracies in the information provided occur. I understand that bad checks will be issued a \$20 returned check fee. WYHA reserves the right to deny membership to any applicant. The number of teams fielded will determine the number of players accepted.

In addition, I the parent/guardian of the above named candidate for the WYHA, 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 participation, including transportation to and from activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless the WYHA Inc., the organizers, supervisors, sponsors, participants, and persons transporting our child to and from activities, for any claim arising out of an injury to our child, except to the extent and in the amount covered by accidental liability insurance held by the WYHA Inc. In the event of accident or illness, my permission is given for the emergency medical care to be provided to my child.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

1st copy – Registrar

2nd Copy – Player/Parent

3rd Copy – Treasurer



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____
Participating in USA Hockey for the 2009-2010 season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____



Whitestown Youth Hockey Association
P.O. Box 61
Whitesboro, NY 13492

Concession Agreement

To Parents/Guardians of WYHA Players:

Whitestown Youth Hockey runs the concession stand as our major fund-raiser. Everyone is required to work 10-15 hours per child during the course of the season. The hours that WYHA is responsible for are all hours rented by our organization and all high school games. A schedule will be posted in the concession window, web site as well as provided to you from your coordinator. It is your responsibility to work during your scheduled time. If you are unable to work the day you are scheduled, then it is **your** responsibility to switch with someone else on the schedule or contact a person on the sub list for a fee to work for you. **Failure to report for work will result in a \$50.00 fine.** If fee is not paid by the end of the hockey season, it will be deducted from your **Team's end of the year tournament which is paid by the organization.**

One option that is offered is to “**buy out**” of your responsibility. Paying **\$100.00** at the time of registration can do this.

Your signature at the bottom of this form says that you have read and understood the above conditions.

Player Name: _____ Level _____

Player Name: _____ Level _____

Player Name _____ Level _____

Player Name _____ Level _____

Parent's/Guardian Signature _____