

ALLEGHENY HOCKEY ASSOCIATION REGISTRATION INFORMATION 2010-2011

PLAYER DATA

Copy of Birth Certificate Required for All New AHA Players

Registration for: PAHL Mite through Midget _____ Lady Badger _____
Mini Mite _____ Developmental _____

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Last Name _____ First Name _____ MI _____
Date of Birth: _____ Male: _____ Female _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____ Parent's Email Address _____

Mother's Name _____ Father's Name _____

Or Primary Caretaker's Name/Relationship _____

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Medical Insurance Company _____ Plan/Group Number _____

PLAYER EXPERIENCE

- 1) AHA Learn to Play Hockey Yes___ Level____ No___
- 2) Other Learn to Play Clinic Location_____ No___
- 3) 2009-2010 Season
AHA PAHL/Trav Team Yes___ Team_____ No___
AHA House Team Yes___ Team_____ No___
Other Association Yes___ No___
Team_____ Association_____
- High School Team Yes___ No___
Level_____ High School_____
- 4) Positions Played Offense___ Defense___ Goalie___
- 5) Other Experience
Total Years Travel_____ Total Years House___
Summer Clinics/League_____

PLEASE READ AND SIGN WAIVER ON REVERSE SIDE

CONSENT, RELEASE AND WAIVER

In consideration of the acceptance of the above-named player to play hockey for and with the Allegheny Hockey Association (AHA) (a member of the Pittsburgh Amateur Hockey League (PAHL), and an affiliate of USA Hockey), I (We), the undersigned, hereby agree to pay the fees so determined by the Board of Directors, as they are due, and hereby release USA Hockey, PAHL, and AHA, it's directors, officers, officials, coaches, and their agents from any claim of any injury, loss, damage, or expense sustained by the person or property of the player, and/or the player's family, friends, or guests arising during any practice, game, clinic, exhibition, and/or any other sanctioned event, and during any travel to, from, at, or related to any and all of the aforementioned.

I (We) further consent to the player participating in said activity with the full knowledge of the inherent risks related thereto and waive all rights to legal action or compensation regardless of fault and hold AHA harmless.

I (We) further consent that I (We) will return any and all equipment issued by AHA to said player, in a clean and satisfactory manner at the conclusion of the season or immediately upon demand of the Board of Directors of AHA. In the event of lost, stolen, or excessively worn equipment I (We) agree to pay AHA the full replacement cost of said equipment as determined by the Board.

I (We) acknowledge that I (We) have read this form in its entirety and I (We) fully consent to the terms of this agreement, release AHA from any and all liability, and waive all rights to subsequent recourse and relief.

EQUIPMENT DISCLOSURE

All players must be equipped with the following: hockey skates, approved helmet, full faceguard, mouth guard, throat protector, chest protector, elbow pads, gloves, groin cup, pants, shin guards, and socks. Game jerseys are purchased by the players. They are only to be worn in AHA games and should be laundered and cared for to preserve their appearance. When worn in a game, the player is representing his (her) team and organization. Game jerseys are provided by AHA to Developmental players and are to be kept. Practice jerseys must be supplied by the players. Limited goalie equipment is available for younger, developing goalies to sign out and use for the season. It remains the property of AHA and must be returned at year end.

FINANCIAL DISCLOSURE

Payment in full of all registration fees is due by the first full weekend following the New Year's holiday break or ice privileges will be revoked. Ice privileges will be reinstated when total fees are paid. No refunds will be given on fundraising monies earned, or due to lost time caused by injury, sickness, or failure to attend scheduled practice sessions or games. Credits may be carried forward for fundraising monies earned and may be granted for qualifying injury situations.

Player Signature

Date

Parent/Guardian Signature

Date