

# 2009 SPRING HOCKEY LEAGUE REGISTRATION

## PLAYER INFORMATION

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
USA Hockey IMR Confirmation Number \_\_\_\_\_

JERSEY SIZE, circle: YS/M YL/XL AS AM AL AXL AXXL AXXL(goalie)

Most Recent Experience:

PAHL Team \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_  
High School Team \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

## SPRING TEAM PLACEMENT

Mites (2001 & younger) \_\_\_\_\_ Bantam (1995 / 1996) \_\_\_\_\_  
Squirts (1999 / 2000) \_\_\_\_\_ Midget (1991 / 1992 / 1993 / 1994) \_\_\_\_\_  
Peewee (1997 / 1998) \_\_\_\_\_

Players must play in the age division they will qualify for in the Fall/Winter 2009-2010 hockey season.  
Players may not play down an age division.

**If registering as part of a team, please list:**

<b>Coach</b>	<b>phone</b>	<b>email</b>
<b>Manager</b>	<b>phone</b>	<b>email</b>

PLEASE MAIL THIS FORM (all players), REQUIRED PAYMENT (all players), AND A COPY OF YOUR USAH ELECTRONIC REGISTRATION OR USAH 0809 PLAYER CARD (if you are not an AHA player) TO:

**AHA  
SPRING HOCKEY LEAGUE  
P. O. BOX 1014  
MONROEVILLE, PA 15146-1014**

**REGISTRATION DEADLINE IS MARCH 25, 2009**

LATE REGISTRATIONS MAY BE ACCEPTED  
CALL 724-853-2474 OR 724-468-1100 FOR FURTHER INFORMATION

I, the undersigned Parent/Guardian, do hereby grant my permission for my son/daughter to attend the AHA/Center Ice Arena Spring Hockey League activity and fully participate in all activities thereof. I further acknowledge, understand and agree that by participating in this activity, there is a possibility of physical illness or injury and that my son/ daughter assumes the risk of such illness or injury by his/her participation. I hereby and herewith release AHA and Center Ice Arena, its officers, staff and officials from all responsibility and liability resulting from any illness or injury suffered by my son/daughter as a result of his/her participation in the Spring Hockey League.

Signature of Parent/Guardian \_\_\_\_\_