

2010 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 (2002 & younger) _____ Bantam (1996 / 1997) _____
Squirts (2000 / 2001) _____ Midget (1992 / 1993 / 1994 / 1995) _____
Peewee (1998 / 1999) _____

Players must play in the age division they will qualify for in the Fall/Winter 2010-2011 hockey season.
Players may not play down an age division.

If registering as part of a team, please list:

Coach	phone	email
_____	_____	_____
Manager	phone	email
_____	_____	_____

PLEASE MAIL THIS FORM (all players), REQUIRED PAYMENT (all players),
AND A COPY OF YOUR USAH ELECTRONIC REGISTRATION OR USAH
0910 PLAYER CARD (if you are not an AHA player) TO:

AHA
SPRING HOCKEY LEAGUE
P. O. BOX 326
DELMONT, PA 15626

REGISTRATION DEADLINE IS MARCH 25, 2010

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 _____