

KYHA 2008-2009 REGISTRATION FORM

Player Name: _____ Parents name: _____
(as shown on Birth Certificate)

Players DOB: ___/___/___ School: _____ Player Email: _____@_____

Mailing Address: _____ Town _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____@_____

Team	Date of Birth	Goalie?	USA Hockey Registration?*	Deposit	Balance	Total Fee** due by October 15, 2008
<input type="checkbox"/> Learn-to-Skate Fall	Born in 05 or earlier	<input type="checkbox"/>	<input type="checkbox"/>	---	---	\$100.00
<input type="checkbox"/> Learn-to-Skate Winter	Born in 05 or earlier	<input type="checkbox"/>	<input type="checkbox"/>	---	---	\$100.00
<input type="checkbox"/> Learn-to-Play	Born in 00, 01, 02, 03	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	\$200.00	\$300.00
<input type="checkbox"/> Mite	Born in 00, 01, 02	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00	\$300.00	\$550.00
<input type="checkbox"/> Squirt	Born in 98, 99	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00	\$400.00	\$700.00
<input type="checkbox"/> GSL Peewee	Born in 96, 97	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00	\$400.00	\$700.00
<input type="checkbox"/> GSL Bantam	Born in 94, 95	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00	\$400.00	\$700.00
<input type="checkbox"/> Girls	Born in 96 or earlier	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00	\$400.00	\$700.00
<input type="checkbox"/> GSL Midget	Born in 93 or earlier	<input type="checkbox"/>	<input type="checkbox"/>	\$350.00	\$550.00	\$800.00

* USA Hockey requires online registration. Please submit online registration receipt with KYHA Registration. To register online please go to <http://www.usahockeyregistration.com/>. Please contact the registrar as Registrar@KearsargeHockey.com with any questions.

Discounts are offered to multiple player families **PLEASE SEE TABLE FOR DISCOUNT AMOUNT:

1st Player 2nd player 3rd player
 Full Fee **See rate table** **See rate table**

- Notes:
1. Player #1 is the oldest player followed by the next youngest player.
 2. Only players paid for at the full rate are counted when determining multi player discounts.
 3. Please contact the KYHA Treasurer, Treasurer@KearsargeHockey.com with any questions regarding fees.

2 nd or 3 rd Player Discount Amount / Total Fee Due		
Younger Player	2 nd Player Discount Amount / Total Fee Due	3 rd Player Discount Amount / Total Fee Due
Mites	\$45 / \$505	\$67.50 / 482.50
Squirts	\$60 / \$640	\$90 / \$610
Peeweess	\$60 / \$640	\$90 / \$610
Bantams	\$60 / \$640	\$90 / \$610
Girls	\$60 / \$640	\$90 / \$610
Midgets	\$70 / \$730	\$105 / \$695

Please Note the following registration requirements:

- **Financial Aid and payment plans are available, based on financial need. Please contact the KYHA Treasurer for a Financial Aid form. Financial Aid forms must be submitted by September 1, 2008 to be considered for the 2008-2009 Season.**
- **Please contact the KYHA Treasurer to pay on a payment plan. The payment plan is 25% due on April 15, June 15, August 15, October 15.**
- **All registration fees (see "Total Fee" in above table) must be paid by October 15, 2008. No skater with an outstanding balance will be allowed on the ice. Any player with an outstanding balance after October 15, 2008 will incur a \$25 per month late fee and will not be allowed to skate.**
- Unpaid fees from the 2007-2008 season must be paid before your child can register for the 2008-2009 season.
- Make your check out to Kearsarge Youth Association (KYHA) and please note your child's name on your check. To pay by credit card, add 3% to the payment amount. Please contact the KYHA Treasurer, Treasurer@KearsargeHockey.com to pay by Credit Card. All fees are non-refundable.
- Any checks returned for insufficient funds will incur an additional \$35 processing fee. After two (2) returned checks, future payments will be required in cash or bank check.
- **I acknowledge I have read and will abide by all the requirements above. Parent/Guardian Initials _____**

Mail to: Kearsarge Youth Hockey Association, P.O. Box 1771, New London, NH 03257
 Check Number: _____ Amount: _____ Office Use Only: Date Rec'd: _____ Initial: _____

KEARSARGE YOUTH HOCKEY LIABILITY RELEASE

I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participating I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, and agree to Waiver of Liability, Release and Indemnity Agreement and confirm that the absence of my signature on that form is due only to administrative facilitation of my/my child's registration. The undersigned also understands that the Kearsarge Youth Hockey Association and Proctor Academy assume no responsibility for property loss, damage, or personal injury to the above arising directly or indirectly from participation in the Kearsarge Youth Hockey Program. The undersigned assumes all risks and dangers incident to participation in the Kearsarge Youth Hockey Program and arising out of use of the Teddy Maloney Arena and other facilities that may be used during the program.

Parent/Guardian Signature _____ Date _____