Player Shirt Information

Shirt No: _____

Shirt Size: **YXL / S / M / L / XL / XXL**
(circle one)

Home: Away: (Price per shirt: **$40.00)**

Paid Shirt Amount: $_____

A registration fee/payment of $200.00 must accompany this form prior to tryouts. Payment is non-refundable but will be applied to next year's balance.

Amount: $ _____
Check# _____
Date: ____/____/____

REGISTRATION FORM 2009-2010 Season
Acton-Boxborough Youth Hockey
P. O. Box 629
Acton, MA 01720

PARTICIPANTS INFORMATION

Name: _____
Address: _____
_____Zip_____
Tryout Level: _____
Parents: _____
Citizenship: U.S. ___Other (specify): _____

Team Last Season: _____
Date of Birth: _____

Email Addr: _____
Home Phone: _____
Cell Phone: _____

PARENTAL SUPPORT:
A/B Youth Hockey is a non-profit volunteer organization. All Board members, Coaches, Team Managers, etc., volunteer their time and effort. We strongly urge that all families participating in this Association volunteer in some capacity. Please circle interest below:

Coach:	Assistant Coach	Equipment	Publicity
Awards	Newspaper Articles	Team Manager	Fund Raising
Tournament	Sponsorship	Associate Board member	

Other (describe): _____

RELEASE OF LIABILITY/ACKNOWLEDGEMENT OF RISK
I/We, the Parents/Guardian, hereby give my approval for my/our child to participate in Acton/Boxborough Youth Hockey Association (ABYHA) activities. I/We assume all risks incidental to such participation, including transportation, and hereby waive, release, indemnify and agree not to hold liable the Acton-Boxborough Youth Hockey Association, Inc., the Directors, Sponsors, Supervisors, Coaches, and Participants for any claim arising out of injury to my/our child. I/We understand and appreciate that the risk from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. By my child's participation, I KNOWINGLY ASSUME ALL RISKS, both known and unknown. Further, I have read, understand, and agree to the WAIVER of LIABILITY, RELEASE, and INDEMNITY as printed on this Registration Form, and confirm that the absence of my signature on this form is due only to the administration of my child's registration.

_____ _____
Date Parent/Guardian Signature

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY
I/We, the Parents/Guardian, recognize the financial responsibility to Acton-Boxborough Youth Hockey, Inc. in payment of Registration and Ice Fees as determined by its Board of Directors. This responsibility includes ON-TIME payment of all fees. In the event of a child's withdrawal from the program, I shall notify the Registrar in writing and meet the responsibility of paying the full year's fee as outlined in the current ABYHA refund policy. This will not be applicable in cases of long-term illness, injury, moving outside the district or other conditions as determined by the Board of Directors.

_____ _____
Date Parent/Guardian Signature