



NASSAU COUNTY HOCKEY 2010-2011

MITE PROGRAM

NASSAU COUNTY ICE HOCKEY LEAGUE

PLEASE TYPE OR PRINT

1. Are you on the Nassau County Hockey Mailing List? ___ Yes No, please add/update my records ___

2. First Name _____ Last Name _____

Street Number and Address _____

City _____ Zip Code _____

Phone Number _____ E-Mail _____

3. Date of Birth _____ Age as of December 31, 2010 _____

4. Leisure Passport Number _____ Expiration Date _____

5. Circle one Age as of December 31, 2010

Classification	Born in	Hockey age
Mini-MITE	2004 - 2005	5-6
MITE	2002 - 2003	7-8
SQUIRT	2000 - 2001	9-10
PEEWEE	1998- 1999	11-12
BANTAM	1996 - 1997	13-14
MIDGET	95, 94,93,92*	15,16,17,18

*92 birth year required to provide current High School Transcript.

FOR OFFICE USE ONLY

Verification initial _____

MAILING LABEL CORRECT _____

Age as of December 31, 2010 _____

Birth Certificate _____

Valid leisure passport _____

Parent Signatures _____

Paid Receipt # _____ CK# _____

USA HOCKEY Forms _____ OLCon# _____

Friends of fee _____ CK# _____

CIRCLE if GOALTENDER

Group Letter Registration

7. Position: circle one **GOALTENDER WITH FULL EQUIPMENT** FORWARD/ DEFENSE

8. Years Experience: Skating ___ Hockey ___ Roller Hockey ___

Last Years Team _____ Last Years Hockey Organization _____

9. Registered with USA Hockey online Confirmation number: _____

10 PARENTS PLEASE READ REVERSE SIDE AND SIGN

NASSAU COUNTY
Department of Parks, Recreation and Museums
Edward P. Mangano, County Executive Carnell T. Foskey, Commissioner

PARENTS PLEASE READ BEFORE SIGNING

Please remit application on or before August 31, 2010 to:

NASSAU COUNTY HOCKEY
CANTIAGUE PARK 480 WEST JOHN STREET
HICKSVILLE, NEW YORK 11801

1. ENTRY FEES PAYABLE TO: **TREASURER, NASSAU COUNTY** for EITHER:
Mite Program (age 5-8) **\$200.00** or Nassau County Hockey League (ages 9-18) **\$ 300.00**
PAYABLE FEE TO **FRIENDS OF NASSAU COUNTY RECREATION** \$75.00

All Participants **MUST REGISTER** online with USA Hockey and submit registration receipt and confirmation number along with the registration forms in order to play in the program. The USA Hockey Web Site is www.usahockey.com and follow the link for on line registration. For more information on online registration call 1-800-566-3288 ext#123.

All fees must be paid and registration requirements must be complete before any player will be permitted to participate in this program. **Please note** that the Friends of Nassau County Recreation Fee is not refundable.

2. Nassau County does not provide Hospitalization or Accident Insurance. Signature below confirms that the applicant is free from any physical defect or illness that would prohibit them from playing ice hockey. A physical exam is recommended. Players participate at their own risk.

3. Equipment: All participants must wear all USA HOCKEY mandated and League required equipment on the ice at all times. This Policy is strictly adhered to throughout the Program.

4. All Players and parents must complete the USA HOCKEY code of conduct and parent awareness forms. These forms must be filled out at the time of registration.

5. All players are required to donate one new regulation ice hockey puck. The puck will be collected by the coach at the first team practice.

6. Games and practices will be scheduled at Cantiague Park (Hicksville), Morley Rink (Roslyn- outdoors), Grant Park (Hewlett - outdoors) and other ice rink facilities.

7. Last day for refunds is November 1, 2010. All requests must be submitted to the Hockey Director in writing.

8. IMPROPER BEHAVIOR SUCH AS AN ARGUMENTATIVE ATTITUDE, FIGHTING, DELIBERATE INJURY TO ANOTHER PARTICIPANT, FOUL OR ABUSIVE LANGUAGE, OR ANY OTHER ACTIONS AS JUDGED BY ANY MEMBER OF THE STAFF IN CHARGE WHICH IS CONSIDERED TO BE DETRIMENTAL TO THE PROGRAM CAN RESULT IN IMMEDIATE EXPULSION OF THE INDIVIDUAL (S) INVOLVED WITHOUT REIMBURSEMENT OF FEES.

9. Signature below confirms all of the above and that the parent/guardian and participant have read and understands all of the foregoing and agree to abide by all the rules and regulations of USA HOCKEY and the Nassau County Hockey Program.

www.nassaucountyhockey.com

Parent/Guardian SIGNATURE _____ Date _____

Parent/Guardian PRINT NAME _____ Date _____