

HANOVER HOCKEY ASSOCIATION

2008-2009 HOUSE PROGRAM REGISTRATION FORM

For more details regarding registration, please review HHA's Registration & Refund Policy at www.hanoverhockey.org.

Player Name: _____ Nickname: _____
(as shown on Birth Certificate)

Gender: M F DOB: ___/___/___ US CITIZEN: Yes No

Parent/Guardian Name(s): _____ Phone _____

Mailing Address: _____ Town _____ State _____ Zip _____

Email Address(es): _____

In addition to this registration, all players are required to register online with USA Hockey at www.usahockey.com before they can skate with HHA. The fee is \$31, payable by credit card. This fee is waived for all players 6 and under, but such players must still register. A confirmation receipt must be submitted to HHA before your HHA registration is complete.

LEARN TO PLAY WILD (year of birth 2000-2004)

SESSION ONE 11/1/08-12/14/08	SESSION TWO 12/20/08-2/1/09	SESSION THREE 2/7/09-3/29/09	ALL SESSIONS 11/1/08-3/29/09
\$115 _____ (check to enroll)	\$115 _____ (check to enroll)	\$115 _____ (check to enroll)	\$300 (paid by 9/6/08) All sessions: _____ (check to enroll)

WILD MITES (year of birth 2000-2003)

CLINIC SEASON 11/1/08-12/14/08	TEAM SEASON 12/20/08-3/22/09	BOTH SEASONS 11/1/08-3/22/09
\$115 _____ (check to enroll)	\$230 _____ (check to enroll)	\$300 (paid by 9/6/08) Both seasons: _____ (check to enroll)

GIRLS DEVELOPMENT (year of birth 1996-1999)

SESSION ONE 11/1/08-12/14/08	SESSION TWO 12/20/08-3/22/09	BOTH SEASONS 11/1/08-3/22/09
\$115 _____ (check to enroll)	\$230 _____ (check to enroll)	\$300 (paid by 9/6/08) Both seasons: _____ (check to enroll)

Please Note:

- Financial assistance may be available as set forth in the Financial Aid Policy.
- **Unpaid fees** from prior seasons **must be paid** before your child can be registered for the 2008-09 Season.
- Make check payable to **Hanover Hockey Association (HHA)** and please note your child's name on your check.
- **Mail to:** Hanover Hockey Association, P.O. Box 901, Hanover NH 03755.

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Check Number: _____ Amount: _____ (Office Use Only: Date Rec'd: _____ Initial: _____)

Players New to HHA

Did your child play hockey for an association **other than HHA** during the 2007-08 season? Yes No
If Yes, what association did he/she play for? _____

Players changing associations must obtain a signed **Authorization for Player Release** from their prior association. This form can be downloaded from the Registration page at www.hanoverhockey.org. Complete the top section and forward to player's old association for signature. Submit the signed form to HHA. As this is sometimes a slow process, parents are encouraged to initiate this request as soon as possible.

Publication of Player Photographs

Hanover Hockey Association (HHA) uses photographic images of players and teams on its website and for other HHA related promotional activities. We do not sell or distribute player images or other player information to third parties.

If you **do not** want photos of your child published on HHA's website or used for other HHA promotional purposes, please sign statement below.

I **DO NOT** authorize Hanover Hockey Association to publish photographic images of _____.
(child's name)

(Date)

(Signature of parent or legal guardian)

HANOVER 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 the 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, understood, and agree to the 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 Hanover Hockey Association, the Hanover Improvement Society, and Dartmouth College assume no responsibility for property loss, damage, or personal injury to the above arising directly or indirectly from participation in the Hanover Hockey Program. The undersigned assumes all risks and dangers incident to participation in the Hanover Hockey Program and arising out of use of the James W. Champion Rink, Thompson Arena and other facilities that may be used during the program.

Parent/Guardian Signature

_____/_____/_____
Date