2012-2013 READING YOUTH HOCKEY REGISTRATION FORM

www.readingyouthhockey.org

_____	_____	_____	_____	_____
Player Last Name	**First Name**	**MI**	**Date of Birth**	**Sex: M or F**

_____	_____	_____	_____
Players Residence Street	**City/Town**	**State**	**Zip**

_____ Primary Phone Number

_____ Emergency/Alternate Phone Number

_____ First & Last Name Parent/Guardian

_____ E-mail Address

_____ First & Last Name Parent/Guardian

_____ E-mail Address

Is player address the same address for mailing purposes? Yes _____ No _____ if no, please provide mailing information.

_____

Parent/Guardian Name for Mailing Purposes

_____

Street City/Town State Zip

Permission is granted for use of photos of RYH activities in which my child might appear, for RYH publicity including newspapers and the RYH website for example **Parent Signature**:_____

All players must register with USA HOCKEY beginning MAY 1, but no later than AUGUST 1, 2012 and forward the number to ryhregistration@yahoo.com

SPRING TRYOUT LEVELS – REGISTRATION DEADLINE MARCH 15, 2012

REGISTRATION FEE: $400.00 (per player) Fee is NON-REFUNDABLE after the player has attended a tryout

_____ Pee Wee: Born 2000 and 2001 (11 and 12 yr. old)
_____ Bantam: Born 1998 and 1999 (13 and 14 yr. old)
_____ Girls Travel: U19, U14, U12, U10

FALL TRYOUT LEVELS – REGISTRATION DEADLINE APRIL 30, 2012

REGISTRATION FEE: $250.00 (per player) Fee is NON-REFUNDABLE after the player has attended a tryout

_____ Mite Travel: Born 2004 & later (8 yr. old and younger)
_____ Mite Buzzer - Team request _____ School District:_____
_____ Girls Buzzer - Team request_____ School District: _____
_____ Squirt 2002 and 2003 (9 and 10 yr. old)
_____ Midget 97, 96, 95 & 94 (15 and up)

For those registering for a Fall tryout after the April 30th deadline the registration fee increases to $300 and players may be put on a waiting list.

MAIL TO: Reading Youth Hockey, P.O. Box 459, Reading, MA 01867; **Checks can be made out to R.Y.H**.

RYH Use Only

Check # _____Amount $_____Date Received_____Received by:_____