

# Somerset Hills Ice Hockey Association (SHIHA)

## 2014-2015 Season

### Bernards-Somerville Middle School Team Registration

**The 2014-2015 season** will be played out of the BSA MS league. Tuition will be based on league fees (12 games plus single elimination playoffs). Tuition will include team jersey, socks, and qualified coaches. Tuition should not exceed the previous year's tuition of \$600.00. Actual tuition per player will be determined after the two club fundraisers (ad journal and golf outing) are completed. Your participation in the fundraisers will potentially reduce your individual player's tuition. Due to travel hockey program commitments there will be no MS team practices scheduled at this time. *The SHIHA Ice Hockey Club Middle School team is open to players in grades 6 through 8 residing in Bedminster, Bernardsville, Branchburg, Far Hills, Peapack- Gladstone and Somerville. Students entering 5<sup>th</sup> grade will also be considered.*

**Team evaluations** will be held in September at the Bridgewater Sports Arena. The evaluation Date and Time will be posted soon.

**An initial deposit of \$200 is due by Sept. 26<sup>th</sup> or at time of registration.** Deposits will be applied towards the full-season tuition and could be offset by participating the SHIHA Ad Journal and Golf Outing Fundraisers. Payment in full is due by November 15, 2014. Players will NOT be eligible to participate in games after November 15, 2014 until tuition is paid in full.

#### **Player Information:**

Player First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth (mm/dd/year) \_\_\_\_\_

Grade (as of 12/31/14) \_\_\_\_\_ 8 \_\_\_\_\_ 7 \_\_\_\_\_ 6 \_\_\_\_\_ 5

Experience (years): Ice \_\_\_\_\_ Roller \_\_\_\_\_

Position: \_\_\_\_\_ Defense \_\_\_\_\_ Forward \_\_\_\_\_ Goalie

Previous Team Affiliation and level of play (In-House, B, A, AA, AAA):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Yes, I am interested in additional player development**

Cost will be in addition to team tuition and will be determined based on overall player interest, ice time cost and coach availability.

#### **Uniform/Jersey - Circle Jersey/Chest size:**

(Youth) SM 35-36" Med 37-38" LG 39-40" XL 41-42"

(Adult) SM 40-42" Med 44-46" LG 48-50"

XL 52-54" 2XL 55-56" 3XL 57-58"

**Jersey No.** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**Sock Size** (circle one) 28" 30" 32" 36"

#### **Parent/Guardian Information:**

Primary Contact \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_

2nd Contact \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_

***As a parent run club, I understand my support and involvement is necessary. I would like to help in the following areas:*** Coaching \_\_\_\_\_ Fundraising \_\_\_\_\_

Team Parent \_\_\_\_\_ Game/Practice Support \_\_\_\_\_

Team Photographer \_\_\_\_\_ Equipment/Uniforms \_\_\_\_\_

Club/board Member \_\_\_\_\_ Sponsorship \_\_\_\_\_

PR/News \_\_\_\_\_ Awards/Banquet \_\_\_\_\_

Other \_\_\_\_\_

#### **Waiver of Liability, Release Assumption of Risk & Indemnity Agreement:**

I hereby give my approval, for the player noted, to participate in the SHIHA Ice Hockey Club. I assume the risks inherent to such participation and further release, absolve, indemnify and hold harmless SHIHA Ice Hockey Club, its teams, coaches and fellow participants for any such claim arising due to injury of said participant. I hereby expressly authorize and request the SHIHA Ice Hockey Club, its staff or any members thereof to act for me on my behalf according to their best judgment in any emergency, or injury of said participant in the event I am not available or cannot be reached. In the event of an injury, ALL players will be covered by Bridgewater Sports Arena's insurance policy. The BSA MS League is not a USAH sanctioned league; therefore USAH registration is not required. I also give permission for the club to use the player's photo and/or name on the SHIHA Ice Hockey Club website and/or in the local paper. Parents of participants also agree to follow the USA Hockey parents code of conduct during all club activities, practices, games and tournaments.

#### **Signature of Parent/Guardian**

Print Name \_\_\_\_\_  
Date \_\_\_\_\_

#### **Mail registration and payments payable to SHIHA to:**

SHIHA Ice Hockey Club  
117 South Maple Avenue  
Basking Ridge, NJ 07920

Contact [shih@comcast.net](mailto:shih@comcast.net) or call  
908-369-1258 with questions.