



Girls U16/U9
Registration Form
2010 Half-Season

Box with checkboxes for Treasurer and Registrar, NYHA Use Only

Participant Information:

Name, Date of Birth, Phone, Address, City, State, Zip, Parent or Guardian's Name, Email Address(es)

Medical Information: Please list special medical problems/issues or activity restrictions. Also, please notify your coach.

Throughout the season, Nashoba Youth Hockey Association may have articles written and/or photographs taken of its players for area publications. Do you give permission to NYHA to submit your child's name and/or picture to area publications?

Yes, I give permission. [] No, I do not give permission. []

NYHA is supported entirely by volunteers. Please indicate if you are interested in helping NYHA with: Coaching [] Team Manager [] Fund Raising [] Publicity [] Committees [] Other: _____

Total tuition for the season is calculated based on the total number of players registered at each level and will not be finalized until after initial registrations are received.

Complete the registration form* and send it to: NYHA, PO Box 681, Westford, MA 01886

*Please note - Families with multiple players must fill out a separate registration form for each player.

Please read carefully and sign below:

I/we agree to be guided by and will observe the rules and regulations of USA Hockey, Mass Hockey, Nashoba Youth Hockey Association, and those listed above. I/we understand and voluntarily agree that all elected or duly appointed officials of the program are to be deemed to have assumed an office or assignment with the express understanding and condition that each of them, their heirs, executors and administrators, estate and effects shall at all times be saved harmless from and against said parties for and in the execution of their duties pertaining to the activities of the above organization.

Signature of Parent or Guardian, Date