



NASHOBA YOUTH HOCKEY ASSOCIATION

PO Box 681 ~ Westford, MA 01886

www.nashobahockey.org

**Girls U12 and Girls U14
Registration Form
2010-2011 Season**

<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Registrar
NYHA Use Only	

Participant Information:

_____ Name	_____ Date of Birth (MM/DD/YY)	_____ Phone		
_____ Address	_____ City, State, Zip		<input type="checkbox"/>	<input type="checkbox"/>
			Male	Female
_____ 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: _____

There is no registration fee for these tryouts, but a registration form must be completed before players are allowed on the ice.

<p>Tryout Information Sunday, March 14th – 10:40am to 12:50pm – Lawrence Academy - Groton, MA</p>

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.

Registration may be made by mail or in person at player evaluations. To register by mail, send the completed registration form and a check made payable to NYHA for the appropriate fee to:

NYHA
PO Box 681
Westford, MA 01886

Please note there must be a separate registration form filled out for each child. You may write one check to cover one or more registrations.

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