

**2009-2010: Individual Player Registration Form – MIDGET ONLY**

**Greater Haverhill – Pentucket Youth Hockey**

**PO BOX 527; Haverhill, MA 01831**

*The Program is open to children born in the following years: 1991, 1992, 1993 & 1994.*

***\$700 IS REQUIRED WITH THIS APPLICATION***

**All Bold lines must be completed. Please print using a ball-point Pen – NO RED, please.**

Participant's Last Name: \_\_\_\_\_

Participant's First Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Can the participant's account be discussed with any other household member? YES / NO

Will the participant tryout for their high school hockey team? YES / NO

Which organization did the participant play last year? \_\_\_\_\_

I understand the following:

*EQUIPMENT* - Each participant MUST have their own equipment, it is my sole responsibly to acquire and maintain the equipment. The participant may be refused access in the event said equipment is NOT judged safe and in good condition by the Head Coach, his designee or the Association at ANY time.

*CONDUCT* - I will follow the USA Hockey player and parent code of conduct and will be responsible for the participant, family members or guests at ANY event held by or for this Association. GHPYH reserves the right to expel any participant or person(s) for failure to adhere to the code, its policies or due to safety concerns. It is my responsibility to read and understand the code of conduct. Any questions shall be submitted in writing to the board of directors.

*PAYMENT* – The signor below agrees to be financially responsible to Greater Haverhill Pentucket Youth Hockey for payment of any fee assessed to the participant not withstanding the 'Person to be billed' above. Amounts not paid by the due date or returned checks may be charged a fee. You agree to pay for costs incurred for the collection of said amounts.

*REFUND* – except as noted below NO refund is allowed unless you withdraw prior to September 1<sup>st</sup>. In that event the account will be charged a \$100 registration fee.

*TEAM PLACEMENT* - I understand the participant may NOT be placed on a team for ANY reason, not withstanding ability.

***This application is a request for placement and should NOT be considered a guarantee of placement.*** In the event the participant is not selected the deposit will be refunded.

*CHANGES* - This agreement or responsibilities may not be assigned, waived or changed, unless agreed to in writing by the Board of Directors of Greater Haverhill Pentucket Youth Hockey.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print above Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_.

Please circle one:

Full Season

Half Season

**MAKE CHECKS PAYABLE TO: GHPYH**