



Ashley Valley Amateur Hockey Association

Birth Year	Age
1997	Bantam
1998	Bantam
1999	Pee Wee
2000	Pee Wee
2001	Squirt
2002	Squirt
2003	Mite
2004	Mite
2005	Mite
2006	Mite

REGISTRATION FORM for 2011 / 2012 Season

Attach a non-refundable registration fee of \$100.00

Please complete a separate registration form for each child registered

PLAYER INFORMATION (Please Print Clearly)

Player's Legal Last Name:		First Name:		Middle:	
Address:			City:		State:
Zip:			Phone: (435)		Other Phone: (435)
Age:		D.O.B.:		Sex:	
Emergency Contact:		Emerg. Home Phone: (435)		Emerg. Cell Phone: (435)	
Emerg. Work Phone: (435)		Physician:			
Allergies/Medical Conditions:					

PARENT/GUARDIAN INFORMATION

Mother's Last Name:		First Name:		Address: (if different from player's mailing address)		City:		State/Zip:	
Employer:		Work Phone: (435)		Home Phone: (435)		Cell Phone: (435)			
Father's Last Name:		First Name:		Address: (if different from player's mailing address)		City:		State/Zip:	
Employer:		Work Phone: (435)		Home Phone: (435)		Cell Phone: (435)			
E-mail Address #1:				E-mail Address #2:					

Experience:

How many years has child played hockey? _____ Does your child play.....Forward ____ Defense ____ Goal ____
(Check all that apply)

Player ability? Beginner ____ Intermediate ____ Advanced ____

Would you be interested in volunteering for any of the following positions?

Coach Asst Coach Referee Team Parent

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> USA Hockey | <input type="checkbox"/> Check # _____ |
| <input type="checkbox"/> Consent to treat | <input type="checkbox"/> Liability Waiver | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Copy of Insurance | <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Volunteer/"Buy Out" |

Total Amount Rec. \$ _____
Received by _____