

**Membership Application / Registration for
Tomah Youth Hockey
2009-2010 Season**

For Official Use Only
Beginner: <input type="checkbox"/>
Mite: <input type="checkbox"/>
Squirt: <input type="checkbox"/>
PeeWee: <input type="checkbox"/>
Bantam: <input type="checkbox"/>

New Member: Yes No

Skater's Name: _____ Gender: *M or F* Age: _____ DOB: _____
(mm/dd/yy)

Parents: _____
(Last name) (First names)

Address: _____ City: _____ Zip: _____

Phone 1: (____) _____ - _____ Phone 2: (____) _____ - _____

e-mail 1: _____

e-mail 2: _____

USA Hockey Registration Confirmation #: _____

EMERGENCY INFORMATION AND PERMISSION

Emergency Contact: _____ Relationship: _____

Phone: (____) _____ - _____ Insurance Carrier: _____ Policy#: _____

I hereby consent to the giving of emergency care or treatment of my son/daughter(s) by any professional medical or nursing staff, which in their judgment is required in case of an accident or medical emergency occurring during my child's participation in activities of the Tomah Youth Hockey Club. In consideration of the benefits awarded to us by the acceptance of this application / registration, the undersigned agrees to hold safe and harmless the Tomah Youth Hockey Club, its officials, coaching staff, and operating committees, for any claims or demands arising out of any accidents or injuries sustained during skating sessions, or for the loss of property. The undersigned further agrees to abide by all the rules of the club, USA Hockey, Wisconsin Amateur Hockey Association and Wisconsin/Minnesota Hockey League.

Signature of Parent / Guardian

Date

To be completed by registration personnel

LEVEL	DOB	(Age before 31 Dec)	TYH FEE
___ Beginner/Learn to skate:	6 & under	FREE (7 & up need to pay USAH fees)	\$0.00
___ Mites:	2001	(age 8 & under)	\$35.00
___ Squirts:	1999-2000	(age 10 & under)	\$45.00
___ Pee-Wee:	1997-1998	(age 12 & under)	\$55.00
___ Bantam:	1995-1996	(age 14 & under)	\$65.00

Total: _____

25% dis. for ea. additional skater: - _____

Events or Hrs not met: + _____

Blue Devil work: - _____

Adjusted Total: \$ _____

USAH/WAHA fees (\$30) -/+ \$ _____

Amount Paid: \$ _____

Balance Due: \$ _____

Check # _____

Notes: _____ _____ _____ _____ _____
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