



2015-2016 Blue Chipper Program Registration

P.O. Box 241805, Anchorage, AK. 99524

Blue Chipper "Learn to Skate/Learn to Play" Hockey Program

Program Cost \$350.00

Checks made payable to Alaska All Stars or you can pay by Credit Card, fill out form bottom of page. This fee provides your child with approximately 4 skates per month (once a week) – 20 total skates
Also includes a new jersey and end of the season party and award.

Parents must provide a current USA Hockey membership confirmation prior to the first skate.

Tracksuits and other items are additional and optional.

Players legal name: _____ **Date of Birth:** _____

USA Hockey Membership # _____

Jersey number request: _____ *(In compliance with AASHA & USA Hockey, no 0, 00 or 99)*

Parent/Guardian (1) _____

Mailing Address _____ City _____ State _____ zip _____

Physical Address (if different) _____

Phone _____ Cell Phone _____ email _____

Parent/Guardian (2) _____

Mailing Address _____ City _____ State _____ zip _____

Physical Address (if different) _____

Phone _____ Cell Phone _____ email _____

Emergency Contact name: _____ **phone:** _____

*As a condition of this player's participation in the 2015/16 All Stars Blue Chipper program,
I, the parent/guardian of the registered player, agree to the following:*

1. We will abide by all rules and requirements of the Alaska All Stars Hockey Association (AASHA).
2. We understand that full hockey gear is a requirement for all on ice participation.
3. We accept financial responsibility for all payments due to the AASHA for our player's participation. Payments due at registration. Payment arrangements can be made.
4. We do waive, release, absolve, indemnify and agree to hold harmless AASHA and it's representatives, the Alaska State Hockey Association and USA Hockey, for any claim arising out of an injury, whether the result of gross negligence or for any other cause, except to the extent and in the amount covered by USA hockey insurance.
5. I warrant that my child is in good health and is fully able to participate in the program. Any health concerns, including all allergies, have been duly noted on the medical release form.
6. In the event our player's team elects to participate in a tournament, and/or procures additional ice beyond that offered through registration, we agree as team member's to participate in a proportionate share of that expense.

Parent/Guardian Signature _____ Date _____

Printed Name of Parent/Guardian _____

Paid Date _____	Amount _____	Ck. # _____	Cash _____	Credit Card <input checked="" type="checkbox"/> / MC <input type="checkbox"/> 3% fee will be added
Credit Card # _____	exp. _____	code _____		
Billing Address/Zip code for Card _____				
Authorization Signature _____	Name on Card _____			