



South Anchorage Hockey Association
 11111 O'Malley Centre Drive
 Anchorage, Alaska 99515
 Phone: 907-336-7242
www.mightymoos.org

Player's Date of Birth: _____

2015-2016 SEASON

Page 1

USA Hockey Number _____

Recreation Teams

Player's Legal Name: _____
 (Legal Last Name) (Legal First Name) M.I.

Parent/Guardian #1: _____
 (Last) (First)
 Mailing Address: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (C or W) _____
 Email: _____
 Check if this is player's primary address

Parent/Guardian #2: _____
 (Last) (First)
 Mailing Address: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (C or W) _____
 Email: _____
 Check if this is player's primary address

Emergency Contact (other than parent/guardian): _____ Home Phone: _____ Work or Cell Phone: _____

Association Played For Last Season _____ Age /Division: _____ Tier _____ Position Played: _____

As a condition of my child's participation in the 2015-2016 SAHA hockey program, I, as the authorized parent/guardian, agree to the following:

1. My player and I will abide by all SAHA rules and regulations.
2. As parent/guardian of the player, I hereby give approval for my child to participate in any and all SAHA activities.
3. As parent/guardian of the player, I accept financial responsibility for all payments due to SAHA for my child's participation in the program.
4. I do hereby waive, release, absolve, indemnify and agree to hold harmless SAHA, USA Hockey, the organizers, sponsors, supervisors, coaches, participants, and persons transporting my child to and from SAHA activities, 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 accident or liability insurance.
5. Any injury sustained in the course of participation in the SAHA program will be immediately reported by my player to the coach.
6. Except as noted on the medical release form, I warrant that my child is in good health and is fully able to participate in the program. All allergies or other pertinent physical/medical information is listed on the medical release form.
7. A \$25 NSF fee will be charged for all returned checks. If my check is returned, my player will be withdrawn from SAHA until all fees are paid in full.
8. I understand SAHA fees are due on the dates stated below, regardless of whether or not I have received a statement.
9. Any unpaid accounts will be turned over to a collection agency, and notification will be sent to the Alaska State Hockey Association.
10. **I understand that a \$500 deposit is required at registration (\$350 for Atoms/Mini Mites, \$400 for Mites) and that ALL SAHA FEES ARE NON-REFUNDABLE. NO EXCEPTIONS.**
11. I understand if SAHA decides to hold a program-wide SAHA fundraiser that we are required to participate as determined by SAHA.
12. I understand additional fees may be required to be collected on a team basis and I will pay those fees.
13. I understand that my player can only be registered on a SAHA team, and not with any other Recreational or Competitive Program.
14. I understand that I need to register with USA Hockey and provide the confirmation code to SAHA when registering my child.

Parent/Guardian Signature: _____ Date: _____

PRINT Name of Parent/Guardian: _____



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PLAYER FINANCIAL AGREEMENT

2015/2016 SEASON Recreation Teams Page 2

Player's Legal Name: _____
 (Legal Last Name) (Legal First Name) M.I.

Parent/Guardian #1: _____
 (Last) (First)
 Mailing Address: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (C or W) _____
 Email: _____
 Check if this is player's primary address

Parent/Guardian #2: _____
 (Last) (First)
 Mailing Address: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (H) _____ (C or W) _____
 Email: _____
 Check if this is player's primary address

ALL FEES ARE NON-REFUNDABLE

<i>PLEASE CIRCLE DIVISION</i>		<u>Due Dates</u>	<u>Atoms/Minis</u>	<u>Mites</u>	<u>Squirt thru Bantam</u>
ATOMS/MINIS	2009-2001	Deposit	\$350	\$400	\$500
MITES	2007-2008	Oct. 1, 2015	\$350	\$400	\$500
SQUIRTS	2005-2006	Nov. 1, 2015		\$400	\$500
PEEWEEES	2003-2004	Dec. 1, 2015			\$500
BANTAMS	2001-2002	Season Total:	\$700	\$1200	\$2000***

***Fee includes \$50 discount card fundraiser (5 cards per Player)

I authorize SAHA permission to charge the above noted fees to my credit card.

Parent/Guardian Signature: _____ Date: _____

PRINT Name of Parent/Guardian: _____

For Payment by Credit Card: (MC or VISA only): Card Type: _____ Authorized Signature: _____

Card No.: _____ / 3-digit code: _____ Exp. Date: _____ Name on Card: _____

SAHA Use Only: Date Received: _____ Amount: \$ _____ Check # _____ Cash: \$ _____