



## 2024-2025 Blue Chipper Program Registration

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

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

#### Program Cost \$400.00 (Only \$350 if have existing Blue Chipper jersey/socks)

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 # \_\_\_\_\_

Need a jersey? Yes No (please circle one)

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 2024/25 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 members 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 V / MC 3% fee will be added

Credit Card # \_\_\_\_\_ exp. \_\_\_\_\_ code \_\_\_\_\_

Billing Address/Zip code for Card \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Name on Card \_\_\_\_\_