

USA HOCKEY CONFIRMATION NUMBER:

Jersey Size:

**Mustang Hockey Association**

PO Box 773904

Eagle River, AK 99577

Office: 907-694-7849

Date of Birth (00/00/0000): _____

_____ Male _____ Female

REGISTRATION FEES ARE NON-REFUNDABLE**Player Name:**

(last name) (first name) (M.I.)

IDENTICAL to Birth Certificate-No Nicknames**Have you played for MHA? (CIRCLE) YES NO******Submit Birth Certificate if new player******Are you currently playing for another Assn? _____****If yes, which one? _____****Parent/Guardian:**

(last name) (first name)

Address: _____

(city) (state) (zip)

Home phone: _____ (W/C): _____

E-mail: _____

(This e-mail will receive MHA and Team information)

Parent/Guardian:

(last name) (first name)

Address: _____

(city) (state) (zip)

Home phone: _____ (W/C): _____

E-mail: _____

Consent form and Agreement to participate: I/My child hereby understands, agrees to abide by and support the current USA Hockey rules of play, personal conduct, and terms and conditions for membership. I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, agree to the Waiver of Liability, Release and Indemnity Agreement as printed by USA Hockey and have signed that form. I hereby give consent for USA Hockey, Mustang Hockey, its corporation, Board of Directors, and its member teams to provide me/my participating child with any emergency care as warranted and associated with participation on a member team during sanctioned events, and to provide housing, meals, and transportation of its choice when associated with authorized team travel. I hereby authorize USA Hockey, Mustang Hockey and its member teams to utilize my/my child's name and/or photographic representation in the promotions of their programs.

I understand an additional \$245 will be due October 15th if my child is placed on a Tier III or Mite Red team (Except Midgets).

(signature) (date)

Check Division based on player's birth year:

Beginner / Learn to Skate _____ Atom

Intermediate Skaters _____ Mite

2005-2004 (9-10 yrs old) _____ Squirt

2003-2002 (11-12 yrs old) _____ Peewee

2001-2000 (13-14 yrs old) _____ Bantam

1999-1998 (15-16 yrs old) _____ U16 Midget

1997-1996 (17-18 yrs old) _____ U18 Midget

2007-2004 (7-10 yrs old) Girls _____ U10 Girls

2003-2000 (11-14 yrs old) Girls _____ U14 Girls

1999-1995 (15-19 yrs old) Girls _____ U19 Girls

Check appropriate program:

House: _____ Comp: _____

If player would like to play up a division, please indicate the division/level: _____

(Based on space. Attend both Division Evaluations)

Is player a goalie? (Mite & Up) Yes _____ No _____**Check here if you plan to attend Tier III****Evaluations (\$30 tryout fee due at the door) _____ ☐****MHA use only:**

Date rec'd: _____ Payment Plan _____

CC: _____ Ch #: _____ Cash: _____

MHA use:

Registration Fee: _____

Jersey fee: _____ Total pd: _____