

WORTHINGTON HOCKEY ASSOCIATION - REGISTRATION FORM 2009-2010

Players Name _____ Male _____ Female _____ Age _____

Primary Mailing Address _____ City _____ State _____ Zip _____

Birth date _____ Grade _____ School _____

Primary Parent/Guardian _____ Primary email _____

Primary Parent Home No. _____ Primary Parent Work No. _____

Association Statement of Financial Responsibilities: I, the undersigned, by having my youth participate in this program understand that there are both financial and volunteer responsibilities that I am obligated to. I understand that in some cases I may volunteer time and/or pay the fee related to the required time in order to cover the cost for the related programs. I agree to pay a deposit fee at the beginning of the season to ensure that my volunteer hours are fulfilled and all equipment belonging to WHA is returned. By initialing the items below, I am agreeing that my responsibilities will be covered in the manner assigned. I also agree that if volunteer time that is agreed upon is not completed by the end of the season (March 2010) my deposit check will be cashed. I also understand that there may be other volunteer fundraising opportunities to assist in the success of the entire organization, and that I may be asked to participate in, and may do so on a volunteer basis.

Initializing the following items indicates I fully understand and commit to these responsibilities.

_____ Registration Fee/Fees for appropriate level/levels of play

_____ Deposit check in the amount of \$400.00 to be held until March 2010

_____ Volunteer Hours to include:

_____ Minimum of 5 hours committee hours

_____ Minimum of 10 hours in concession stand

_____ Minimum of 15 additional volunteer hours.

_____ Or Buyout of total hours @ \$360

_____ Calendar Sales: 12 for all skaters (Mini/Mites – Varsity level), 6 for additional skaters; max of 18 /family

Parent/Guardian Signature _____ Date _____