



MEMBERSHIP REGISTRATION FORM

2011 - 2012 SEASON



I hereby apply for membership in the Danville Youth Hockey Association, an Illinois not-for-profit corporation (the "Association"). I agree to abide by the Articles of Incorporation, the By-Laws, and all rules and regulations as established by the Board of Directors for the Association. I assume all risks and hazards incident to participation in the activities of the Association and its hockey program, and I hereby waive, release, absolve and agree to hold harmless the Association and its officers, directors, commissioners, coaches, sponsors, representatives, agents and members from any claims and liability whatsoever arising out of any such activities or participation in such hockey program.

PLEASE PRINT

PLAYER NAME _____ BIRTH DATE _____
(First Name, Middle Initial, Last Name)

BILLING ADDRESS _____
(Number and Street, City, State, Zip)

HOME PHONE _____ WORK _____ CELL _____

E-MAIL 1 _____ SCHOOL _____ GRADE _____

E-MAIL 2 _____

Please check the following that applies to the player:

DIVISION: Mites Squirts PeeWees Bantams Midgets

Age Requirements 2011 - 12 Season		
Division	Born:	Birth Years
MITE	Between:	2003 – 2006
SQUIRT	Between:	2001 – 2002
PEEWEE	Between:	1999 – 2000
BANTAM	Between:	1997 – 1998
MIDGET	Between:	1993 – 1996

The application for membership is subject to review for approval by the Association's Board of Directors. No person will be allowed to participate in the Association's hockey program if not a member of the Association and USA Hockey. The registration fee and copies of the player's birth certificate and USA Hockey registration, if not previously submitted, are required before this application can be considered. *Any outstanding fees or assessments from previous year(s) must be made current.*

Failure to remit dues, fees and/ or assessments in a timely manner may result in the immediate suspension in accordance with section 2-1 of the Association By-Laws. By signing this Application, I agree to pay all dues, fees and assessments, and all other charges of membership in the Association. **I understand and agree that if my/our account is not paid in full by Dec.31st 2011, my player will not be allowed on the ice until all payments are made current.**

NAMES OF PARENTS/LEGAL GUARDIANS _____

SIGNATURE _____ DATE _____, 2011
(Player)

CO-SIGNED _____
(Co-signed by parent /legal guardian if player is a minor)

Contact Information

Mother: _____ Phone: _____

Address: _____

E-mail: _____

Father: _____ Phone: _____

Address: _____

E-mail: _____