

Prince William Hockey Club Fall Ice Hockey Registration Form 2009-2010

Player Information: Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ Male / Female _____ Parent(s) Name _____
Address _____ City _____ Zip _____
Home Phone _____ Parent Work # _____ Cell Phone _____
E-Mail Address (PWHC communication) _____
Hockey Experience Last year: Where _____ Level _____
Jersey Size (circle): YS YM YL YXL AS AM AL AXL AXXL Goalie Y/N _____

Please check any of the following that apply:

- _____ Any known medical condition. Please describe: _____
- _____ Player is eligible for 10% Sibling discount. List sibling(s): _____
- _____ Player is 12 years of age or older and is interested in becoming a referee.
- _____ Knowing that PWHC is a largely volunteer organization, I would like to volunteer to coach or help.

EXPLANATION OF REGISTRATION FEES

PWHC registration fees are based on:

Regular Registration Fee –The amounts of the Regular Registration Fees are detailed below. Except for the Mini Mite program, all Regular Registration Fees are for a season lasting approximately 21 weeks beginning the week of Sept 19th.

Discounts – The Regular Registration Fee may be reduced by up to three discounts, all of which are conditioned on Player’s account being paid in full by December 1, 2009:

- **Early Registration discount**- Registration on or before August 1, 2009 makes Player eligible for a discount. The amount of the discount is dependent on the program the Player is registering for and is detailed below. Deposit must be received by September 10, 2009 or early discount will be forfeited.
- **Sibling discount** – Each second or subsequent family member that registers is eligible for a 10% discount. The sibling with the highest Regular Registration Fee pays the full price.
- **Goalie discount** – 10% discount for any goalie in the Pee Wee or above age classification that is approved by the House Director.

Initial Payment – Each Player must make an initial Deposit. For the House Program it is \$350. If the total registration fee for any program is less than \$350, then the entire fee must be paid at the time of registration (e.g., Mini Mite program).

USA Hockey Registration Fee – Every player must be registered with USA Hockey using the online USA Hockey registration program; please write your registration confirmation number here: _____. This fee, which covers insurance for all participants, is non-refundable.

House Program Registration Fees

Please initial player’s appropriate program. We may combine age groups in order to field teams.

Program (birth years)	Early (by Aug 1)	Regular (by Sept 1)	Late (after Sept 1)
___ Mini Mites (2003 – 2004)	\$265 (not discounted)	\$265	\$265
___ Mites (2001 – 2002)	\$505	\$535	\$535
___ Squirts (1999 – 2000)	\$1000	\$1050	\$1100
___ Pee Wees (1997 – 1998)	\$1000	\$1050	\$1100
___ Bantams (1995 – 1996)	\$1000	\$1050	\$1100
___ Midgets (1991 – 1994)	\$1000	\$1050	\$1100

I/We, as Player if Player has reached the age of majority, or as the parent(s) and/or legal guardian(s) of Player if Player is a minor, have read and agree to the following statements, which I have initialed to confirm my review and agreement:

_____ **Agreement to pay registration fees in full.** *I/We agree to accept financial responsibility for Player’s registration fees for the House program. I/We agree to pay any balance due in three monthly payments with the first installment due **September 1, 2009**. I/We understand that a late fee of \$25 per month will be charged for all past due accounts. In addition, I/We understand that **if Player’s account is not paid in full by December 1, 2009, Player will not be eligible to participate in any PWHC event until Player’s account is paid in full.** I/We further understand that all registration fee discounts (early registration discount or sibling discount), are conditional on Player’s fees being paid in full by December 1, 2009 and that if Player’s fees are not paid in full by December 1, 2009, I/We will forfeit any and all discounts and that the amount of these discounts will be added to the total amount due on Player’s account.*

_____ **Appointment of Agent / Acknowledgment of Risk / Release of Liability.** *I/We appoint the representative or coach of Prince William Hockey Club (PWHC) as my/our agent for the purpose of authorizing medical attention in the event that the Player requires emergency medical attention while in the care of PWHC. I/We understand that participation in, and observation of, the sport of ice hockey constitutes a risk to the Player and observer of serious injury, including permanent paralysis or death. I/We, on behalf of myself/ourselves and/or the Player, voluntarily and knowingly accept and assume this risk and release PWHC and all duly elected, appointed, or recognized officers, volunteers, officials, affiliates, sponsors, and event organizers, from any and all liability arising from, or related to, any PWHC function.*

_____ **Acknowledgement that Deposit is non-refundable.** *I/We understand that an initial payment of \$350 is required with this registration form and is non-refundable.*

_____ **Agreement to abide by all bylaws, guidelines, and policies.** *I/We understand that the Player and my/our family represent PWHC when participating in PWHC events and agree to be bound by, and abide by, all USA Hockey Bylaws, Official Rules, Codes of Conduct, and Zero Tolerance Policies; PWHC Bylaws and Operational Guidelines; and other applicable policies. I certify that I am familiar with these documents and understand that PWHC will provide me with a copy of any of them that I am not familiar with. I/We also agree and understand that one parent/guardian may be obligated to attend a Parent Education class.*

_____ **Optional contribution to PWHC sponsorship program.** *I would like to make a tax deductible contribution to the PWHC Sponsorship program in the amount of \$_____. Please add this amount to my registration invoice. Please refer to our website at www.pwhockey.com for information on the Sponsorship program.*

Parent / Guardian Name (Player if 18) _____
Parent / Guardian Signature (Player if 18) _____ **Date** _____

Mailing address: PWHC, P.O. Box 1638, Dale City, VA 22193
www.pwhockey.com
(703)680-0838