

BUTLER AREA HOCKEY ASSOCIATION
REGISTRATION FORM

NAME: _____ PHONE: _____

ADDRESS: _____

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

YEARS ICE HOCKEY EXPERIENCE/TEAMS PLAYED: _____

POSITIONS PLAYED: _____

GRADE: _____ (10 - 11 SCHOOL YEAR) E-MAIL ADDRESS _____

PARENTS' NAMES: _____

INSURANCE CO.: _____

LIABILITY RELEASE

I recognize that hockey is a competitive, contact, athletic activity. I/We permit _____ to play ice hockey in the Butler Area Hockey Association and intending to be legally bound, I hereby release and save harmless from any and all liability whatsoever, any person or organization connected with such activity, for any injury sustained by the above named player and any other player, and all ice hockey activities sponsored by or participated in by the Butler Area Hockey Association, including, but not limited to, practices, competitions, and travel.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF INFORMATION

I understand that my son/daughter must meet the academic requirements of the Butler Area School District and that any player suspended from school on a game day will not be permitted to play. To this end, I do hereby acknowledge that eligibility lists will be released by school administrators on a weekly basis to a Team Representative of the Butler Area Hockey Association.

Parent/Guardian Signature: _____

Try Out Fee: \$50.00 non refundable Commitment Fee: \$250.00

Do you permit your child's photo be used on the BAHA website? Yes: ___ No: ___

Jersey # _____ (If new to program leave blank.)

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2010 – 2011 REGISTRATION

PLEASE BRING THE COMPLETED REGISTRATION FORMS TO TRYOUTS, ALONG WITH 2 CHECKS, MADE PAYABLE TO “BAHA”.

ONE CHECK SHOULD BE IN THE AMOUNT OF \$50.00 FOR THE REGISTRATION FEE. THIS FEE IS NON REFUNDABLE.

THE SECOND CHECK SHOULD BE MADE PAYABLE TO “BAHA” IN THE AMOUNT OF \$250.00. AT THE COMPLETION OF THE TRY- OUTS IN APRIL, PRELIMINARY ROSTER ASSIGNMENTS WILL BE MADE AND YOU WILL BE NOTIFIED OF YOUR TEAM ASSIGNMENT. YOU WILL THEN BE GIVEN A SPECIFIC DATE TO ACCEPT OR DECLINE THIS TEAM ASSIGNMENT. IF YOU DECLINE WITHIN THE SPECIFIC DEADLINE, YOUR CHECK FOR \$250.00 WILL BE RETURNED TO YOU. IF YOU ACCEPT THE TEAM ASSIGNMENT, THE \$250.00 WILL BE APPLIED TO YOUR ACCOUNT AS THE COMMITMENT FEE. IF YOU DECLINE THE ASSIGNMENT AFTER THE SPECIFIC DEADLINE, THE \$250.00 COMMITMENT FEE WILL BE FORFEITED.

EACH SUMMER BUTLER HOCKEY CONDUCTS A SUMMER HOCKEY PROGRAM, WHICH ALLOWS PLAYERS TO CONTINUE DEVELOPING THEIR HOCKEY SKILLS, AND GIVES THE COACHES ADDITIONAL TIME TO SEE IF ROSTER CHANGES MAY BE NEEDED, DUE TO A PLAYERS SKILL CHANGING OR IMPROVING, OR THE ADDITION OR LOSS OF PLAYERS TO THE PROGRAM. AT THE COMPLETION OF THE SUMMER PROGRAM IN AUGUST, ROSTERS MAY NEED TO BE MODIFIED. IF AN ASSIGNMENT NEEDS TO BE MODIFIED, YOU WILL BE CONTACTED BY THE COACH AND/OR BOARD MEMBER. YOU WILL AGAIN BE GIVEN TIME TO ACCEPT OR DECLINE THE NEW ASSIGNMENT, AND A PRO-RATED RETURN OF THE COMMITMENT FEE, IF THE PLAYER PARTICIPATED IN THE SUMMER PROGRAM.

IF YOU ARE UNABLE TO ATTEND TRYOUTS, PLEASE COMPLETE THE REGISTRATION FORMS, AND RETURN THEM TO ANY BOARD MEMBER ALONG WITH BOTH REQUIRED CHECKS. THOSE ATTENDING TRYOUTS WILL BE GIVEN FIRST CONSIDERATION FOR TEAM PLACEMENT.

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TRY-OUTS

**SUNDAY APRIL 25TH FRESHMEN 5:00 P.M. – 6:00 P.M.
JUNIOR VARSITY AND VARSITY 6:00 P.M. – 7:30 P.M.**

**MONDAY APRIL 26TH FRESHMEN 7:00 P.M. – 8:00 P.M.
JUNIOR VARSITY AND VARSITY 8:00 P.M. – 9:30 P.M.**

**TUESDAY APRIL 27TH FRESHMEN 7:00 P.M. – 8:00 P.M.
JUNIOR VARSITY AND VARSITY 8:00 P.M. – 9:30 P.M.**

**ALL PLAYERS MUST BE REGISTERED WITH
USA HOCKEY, HAVE COMPLETED
REGISTRATION FORMS, PAYMENTS AND
BIRTH CERTIFICATES BEFORE THEY WILL
BE PERMITTED TO TRY OUT.**