



**APPLICATION FOR MEMBERSHIP**  
**2011-2012 SEASON**

I hereby apply for membership in the **Tri-City Optimist Youth Ice Hockey Association**. I agree to abide by the By-Laws, and all rules and regulations established 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. The registration fee and a copy of the player's birth certificate, if not previously submitted, are required before this application can be considered.

**PLEASE PRINT**

PLAYER (LAST, FIRST M.I.) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL(S) \_\_\_\_\_

(Please print email address as clearly as possible as most communication is via email)

**PLEASE CHECK APPROPRIATE BOX**

<u>Level</u>	<u>Ages</u>	<u>Fees</u>	
<input type="checkbox"/> I.P.	2-6/new	\$100.00	
<input type="checkbox"/> MITE*	7-8	\$265.00	(\$285 after 9/1/11)
<input type="checkbox"/> SQUIRT*	9-10	\$285.00	(\$305 after 9/1/11)
<input type="checkbox"/> PEEWEE*	11-12	\$285.00	(\$305 after 9/1/11)
<input type="checkbox"/> BANTAM*	13-14	\$285.00	(\$305 after 9/1/11)
<input type="checkbox"/> NEW TOYIHA MEMBERS SQUIRT/PEEWEE/BANTAM LEVEL* \$200.00 (Please Circle)			

All players can pay in full or pay \$100.00 with application and post date second payment 12/01/11 for \$100 and third payment 02/01/12 for the remaining balance. Make checks payable to TOYIHA.

**All players must register with USA Hockey online at [usahockeyregistration.com](http://usahockeyregistration.com). Membership includes insurance and magazine. Fee is \$38 per player (except birth year 2005 and after).**

\*\$50.00 jersey deposit is also **required** in the form of a post-dated check, which will be returned at the end of the season when the jersey is returned. This applies to Mite, Squirt, Peewee, Bantam (Not IP).

By signing this Application, I agree to pay all dues, fees and assessments, and all other charges of membership in the Association, including any assessments due to insufficient funds.

Signature: \_\_\_\_\_ (parent/guardian)      Date \_\_\_\_\_

**\*\*\$30.00 fee will be assessed for any returned check and the skater will be suspended from participation until payment is received in full.**

**MAIL ALL REGISTRATION INFORMATION TO:**

TOYIHA, attn: Kelly Peterson, 3626 Ave F, Kearney NE 68847      Questions? 308-234-1027

**How did you hear about TOYIHA?**

- Email
- Website
- Flyer
- School
- Friend
- Other \_\_\_\_\_