



JANESVILLE YOUTH HOCKEY CLUB

P.O. Box 724, Janesville, WI 53547-0724

www.janesvillyouthhockey.com

Pre-registration required @ www.usahockey.com (bring confirmation form and waiver to registration).

Skaters Last Name: _____	Skaters First Name: _____
Address: _____ City _____ State _____ Zip Code _____	
Phone: (____) _____	Date of Birth: _____ Sex: M / F
USA Hockey Registration #: _____	
Program (Circle One): Initiation Program Mite Squirt Pee Wee Bantam Girls U12 Girls U14	
****Must provide USA Hockey Registration Information****	

Parent 1 Information:

Last Name: _____ First Name: _____

Address: _____ City _____ State _____ Zip Code _____

(If different from above)

Phone: H _____ W _____ Cell _____

Email: _____ (Most correspondence is emailed.)

Parent 2 Information:

Last name: _____ First Name: _____

Address: _____ City _____ State _____ Zip Code _____

(If different from above)

Phone: H _____ W _____ Cell _____

Email: _____ (Most correspondence is emailed.)

I have multiple skaters at the Mite level and above. (Discount applies)

My child is a goalie with his/her own equipment. (Discount applies)

My skater will attend the pre-season conditioning clinic. (\$35.00 fee if paid at Registration)

I will be requesting a scholarship for _____ (# to be requested) of my skaters. Please note that all requests must be received by JYHC Club President prior to September 1, 2009. I understand that additional volunteer/fundraiser requirements may be requested of my family if approved for scholarship.

Parent/Guardian Signature: I, the undersigned parent or legal guardian, give permission for my child to participate in the Janesville Youth Hockey Club program and agree to be responsible for all dues and fees.

Parent/Guardian Signature: _____

Date: _____