

MAIL completed form to:
PCHA Registrar, P.O. Box 701194, Plymouth, MI 48170-0960
Applications for hockey teams are accepted by order of postmark date.
ALL Applicants for the Instructional program will be accepted!

PLYMOUTH-CANTON HOCKEY ASSOCIATION
REGISTRATION 2011-2012

Postmark date: _____

PLAYERS

NAME: (print) _____
(First) (Middle) (Last)

Address: _____
(Street Address)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Email: _____ I am interested in a hockey team
_____ Player Date of Birth: _____
Mighty Mini Mite Instructional Learn-to-Skate program

ALL applicants will be accepted for the Learn to Skate

Parent(s) / Guardian (s) Names: _____

It is my desire to have my child participate in the Plymouth-Canton Hockey Association (PCHA) Program, which will be conducted during the 2011-2012 hockey season. I understand and acknowledge that there is a possibility that an injury to my child could occur while participating in this Program. In the event of an injury to my child, I agree not to hold the PCHA, its coaches, managers, officers, directors, sponsors, or the City of Plymouth Recreation Department, liable for any injury that my child may sustain while participating in this Program. I further attest that I am unaware of any physical limitations that would prevent my child from safely participating in the Program.

I understand that the PCHA does not anticipate, at this time, any mandatory fundraisers. However, the PCHA reserves the right to initiate a mandatory fundraising program and by signing below, I agree to participate in such fundraiser(s) and non-participation will result in forfeiture of my child's membership with the program. I also understand that the registration fees are not refundable.

Signature of Parent / Guardian: _____

Date: _____

Please complete reverse side



**PLYMOUTH-CANTON HOCKEY ASSOCIATION
MEMBERSHIP AGREEMENT**

I, _____, the parent / guardian of _____, agree to abide by all rules and regulations of the Plymouth-Canton Hockey Association (PCHA), the Michigan Amateur Hockey Association (MAHA), and USA Hockey. I understand that in accordance with PCHA bylaws, all registration fees and ice bills must be paid when due and that non-payment of any of these fees will result in suspension from team participation and termination of all membership privileges. All fees are non-refundable.

As an active member of the PCHA, I assume all risks and hazards associated with the sport of ice hockey and / or ice-skating, incidental or otherwise. This includes travel to and from scheduled team activities in addition to those activities directly associated with team participation. Accordingly, I waive, release, absolve, indemnify and agree to hold harmless the PCHA, its officers, directors, sponsors, supervisors, coaches, referees, managers and other participants and persons associated with PCHA for any and all claims arising out of an injury to my child.

In addition, I give the PCHA and its representatives in my absence the right to obtain and approve any medical attention deemed necessary for the health and well being of my child for injuries sustained during a PCHA event or activity. I understand and agree that I am responsible for any medical expenses not covered by my insurance provider.

I / we have read this agreement and waiver in its entirety and accept and agree to all of the terms and conditions stated herein.

Player Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

Please complete reverse side