

ELYRIA ICE HOCKEY CLUB

REGISTRATION - 2009-2010 SEASON

Players Name _____ Birth Date ____/____/____

Address: _____ Phone Number: _____

City, State, Zip: _____ E-mail: _____

Mother's Name: _____ Father's Name: _____

(cell / work / other): _____ (cell / work / other): _____

Registration Fees:

_____ Mites - **\$625.00** _____ Squirts - **\$655.00** _____ PeeWees - **\$685.00** _____ Bantams - **\$715.00**

_____ Goalies - **\$195.00**

_____ Jersey Deposit - **\$50.00** (We only need a check dated for March 1 2010 for \$50. The check will be returned upon return of the Jersey.)

Option 1: Payment in full, Amount enclosed: \$ _____

Option 2: 50%-25%-25% Payments -- Due 08-30-2009, 9-30-2009, 10-30-2009 (Invoices will be mailed to above address.)

MAKE CHECKS PAYABLE TO "ELYRIA ICE HOCKEY CLUB" MAIL TO: 321 Cornell Ave Elyria, OH 44035.

The fee for the hockey program, as determined by the Board of the Elyria Ice Hockey Club ("EIHC" or "Club"), covers ice rental, league fees, socks, and other expenses incurred to allow participation in the EIHC and makes the participant eligible to join a team representing the EIHC in the Cleveland Suburban Hockey League and tournaments decided by the individual team and parents. The parents are responsible for completing the USA Hockey Registration and paying the USA Hockey Member fees at <http://www.usahockeyregistration.com/>.

I consent to my child's participation in the EIHC program and agree to pay according to the fee structure assessed by the Club along with any mandatory fundraising fee. The registration fee is part of the player's total assessment. I understand that no player will be allowed on the ice or to participate in games, unless the registration and/or assessment fee is paid in full, all required forms have been signed by a parent or legal guardian, and any outstanding fees from previous years are paid in full. I also agree to the payment schedule established by the Club. I understand the EIHC reserves the right to delete a player from the team roster for non-payment of fees, thereby making that player ineligible for practices, games, or scrimmages.

In consideration of my child playing hockey for and in the EIHC, the undersigned hereby releases the City of Elyria, Elyria Parks and Rec, the CSHL (Cleveland Suburban Hockey League), the EIHC (Elyria Ice Hockey Club), its Directors, Officers, Board Members, Officials, Coaches, and their agents from any claim for injury, loss, damage, death, or expense sustained by the person or property of the player, arising during any game, exhibition, scrimmage, or practice activity with full knowledge of the inherent risks thereto and assumes all risks accordingly.

I have read, understand, and agree to all of the conditions stated above.

Parent or Guardian's Signature _____ Date _____

ELYRIA ICE HOCKEY CLUB CODE OF CONDUCT

I will refrain from negative cheering and will encourage fair play and good sportsmanship at all times.

I will provide a safe and fun environment for play and will refrain from any action which may cause injury to players, coaches, other parents, or officials.

I will be responsible for my own safety and remain alert to help prevent accidents.

I will support the referees and coaches by trusting their judgment and integrity.

I will avoid direct confrontations with other parents, players, or coaches.

I will refrain from excessive celebration intended to taunt the other team and avoid excessive demonstrations of frustration or anger.

I will refrain from approaching the bench in a game situation unless summoned by a player or coach.

I understand the 24-hour cooling-off period policy and agree to abide to it, when a concern arises regarding my child.

I further agree to abide by all rules and conduct as prescribed by USA Hockey and understand that ignorance of the USA Hockey Code of Conduct cannot be used as a defense for non-compliance.

Parent or Guardian _____ Date _____ Parent or Guardian _____ Date _____

CREDIT CARD PAYMENT – Will be debited each Month when Payment is due

Credit Card Number

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Expiration Date Month _____ / Year _____

Three Digit Code on Back of Card

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Signature (Must be a person authorized to sign on this account) _____ Date _____

For Club Purpose only.