INDIANA YOUTH HOCKEY ASSOCIATION
2009-2010 PLAYER REGISTRATION FORM

PLEASE PRINT CLEARLY

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

DATE OF BIRTH: _____

STREET ADDRESS: _____

_____ (City) _____ (State) _____ (Zip Code) ( ) _____ (Home Phone)

PLAYER'S CLASSIFICATION FOR 2009-2010:

- ☐ Mite (Birth year 2001 & later)
- ☐ Squirt (Birth year 1999 & 2000)
- ☐ Peewee (Birth year 1997 & 1998)
- ☐ Bantam (Birth year 1995 & 1996)
- ☐ Midget 16U (Birth year 1993 & 1994)
- ☐ Midget 18U (Birth year 1991 & 1992)
- ☐ Girls (Birth year 1995 & later)

FIRST TIME PLAYERS ONLY:

HOW MANY LEARN TO PLAY SESSIONS DID THE PLAYER COMPLETE? _____

DATE LAST LEARN TO PLAY SESSION COMPLETED? _____

Is the player a goalie? ☐ Yes ☐ No

Is the player currently registered with USA Hockey? ☐ Yes ☐ No

IF NEW TO IYHA, PLEASE LIST PLAYERS HOCKEY EXPERIENCE FOR THE LAST THREE SEASONS:

SEASON	League (ex. PAHL, PIHL, Laurel Highlands)	Classification (ex. Mite)	LEVEL (ex. AA, A+, A -, B, JV)
2008-2009			
2007-2008			
2006-2007			

_____ MOTHER'S FIRST AND LAST NAME

_____ FATHER'S FIRST AND LAST NAME

_____ MOTHER'S E-MAIL ADDRESS

_____ FATHER'S E-MAIL ADDRESS

Submission of this completed form signifies intent to play hockey in the Pittsburgh Amateur Hockey League for a team sponsored by the Indiana Youth Hockey Association.

_____ Signature of parent or guardian

_____ Date

Registration Fee: $50
Check made payable to: IYHA
Mailing Address:
Indiana Youth Hockey Association
Attn: Registrar
PO Box 1432
Indiana PA 15701

IYHA Use Only

Check # _____

Check Amount _____

Rec'd by _____

Rec'd date _____