



## REGISTRATION FORM

Please complete the information below using one form per player. ALL information is required. Any missing information or registration fee will delay the registration process. Completed forms may be mailed to:

A.Y.H.A.  
PO Box 940  
Glens Falls, NY 12801

PARENTS AND PLAYERS OVER 10 YEARS OLD MUST SIGN THE WAIVER OF LIABILITY FORM.

GOALIE: Yes / No      If yes, years played as goalie \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: Male / Female

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

PARENT (LEGAL GUARDIANS) NAMES: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP FEE: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

HISTORY OF LEAGUE HOCKEY PLAY: (List last 2 years)

	ORGANIZATION	LEVEL (A/B/HOUSE)	AGE DIVISION
1.	_____		
2.	_____		

Circle the division your child will be playing in for the UPCOMING season.

*Termite*      *Cross-Ice*      *Mite*      *Squirt*      *PeeWee*      *Bantam*  
*Midget*      *Girls 12U*      *Girls 14U*      *Girls 19U*

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_