

## Shawano Hockey League Registration Form 2011-2012

### PLAYER INFORMATION:

Name: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_  
LAST FIRST MI CHECK ONE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_

USA Hockey Registration #: \_\_\_\_\_

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### PARENT OR GUARDIAN INFORMATION:

Fathers/Guardian Name: \_\_\_\_\_ Same Address as Player  
LAST FIRST CHECK HERE IF SAME

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Mothers/Guardian Name: \_\_\_\_\_ Same Address as Player  
LAST FIRST CHECK HERE IF SAME

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

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### Following are the registration fees:

Division	Fee if Paid by 7/27/11	Fee if Paid by 9/30/11	Fee if Paid after 10/1/11*:
Mini Mite (age 5-6)	\$47	\$50	\$100
Mite (age 7-8)	\$71	\$75	\$125
Squirt (age 9-10)	\$215	\$225	\$275
PeeWee (age 11-12)	\$260	\$275	\$325
Bantam (age 13-14)	\$380	\$400	\$450

\*excludes new players to SHL

\*\*Proper selection of a team is based on the age the player will be by December 31<sup>st</sup> of the current year.

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**ACKNOWLEDGMENT:** I, the undersigned parent/guardian, give my permission for my child to participate in the athletic program sponsored by Shawano Hockey League (SHL). It is understood SHL is a non-profit, volunteer organization which sponsors this program as a community service and that neither SHL, its officers, nor its agents are responsible for expenses of damages resulting from injury to participants who are sustained in conjunction with, incidental to, or in any way as a result of a SHL sanctioned activity.

Accordingly, the undersigned **HEREBY EXPRESSIVELY AGREE** to waive all claims against and hold exempt from liability its officers, directors, coaches and any other person affiliated with SHL, for injury or injuries sustained by the above reference child, from whatever cause while attending, participating or traveling to or from SHL activities.

The undersigned parent/guardian and player hereby agree to abide by all rules, regulations and policies of USA Hockey, the Wisconsin Amateur Hockey Association and the SHL.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE PRINT NAME DATE

\_\_\_\_\_  
PLAYER SIGNATURE PRINT NAME DATE

**Please note:** the fees which you pay to USA Hockey for registration will be reimbursed via a credit against your SHL Registration fees, as long as you bring your USA Hockey registration receipt with you to the Open Hockey Night registration meeting.

**Also note:** Registration will be final when Shawano Hockey receives a copy of your child's birth certificate and the appropriate registration fees. Fees and birth certificates can be mailed or brought to the Crawford Center on the following days: **Early Registration Night Wednesday, July 27th 5 - 8 p.m. or Registration Payment Due Night Friday, September 30th 5 - 8 p.m.**