



Skater's Last Name: \_\_\_\_\_

## Washington County Youth Hockey Association Equipment Use Sign-Out & Sign-In Form

Parent Name:	Skater Name:
Address:	DOB:
City/State/Zip:	Skater Level:
Phone:	E-mail:

<b>Equipment Provided by the WCYHA</b>	<b>Sign-Out</b>	<b>Sign-In</b>
	<b>Parent's Initials</b>	<b>WCYHA Initials</b>
Shin Guards		
Pants		
Elbow Pads		
Shoulder Pads		
Gloves		
Helmet		
Other:		
Other:		
Other:		
Other:		
<i>Date Equipment Returned to WCYHA:</i>		

Other equipment recommended (list above next to 'Other:' if including in your equipment rental):

1. Jock / Pelvic Protector with Sock Holder or Jock / Pelvic Protector & Garter Belt
2. Socks (players can wear sweat pants underneath)
3. Mouth Guard (mandatory)
4. Hockey Stick & Tape
5. Skates (some available in rental room)
6. Hockey Bag

I, \_\_\_\_\_ (parent's full name), understand that the equipment initialed for above are the sole property of the Washington County Youth Hockey Association. This equipment is provided with the understanding that it will be returned complete, clean and in satisfactory condition at the end of the session(s). Failure to do so will result in Washington County Youth Hockey Association retaining the \$125 deposit made for said equipment, and in the Washington County Youth Hockey Association billing said parent \$100, reflecting the total replacement value of the equipment. I also agree to pay the required \$50 annual fee for use of the rental equipment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

<b>WCYHA ADMINISTRATIVE USE ONLY</b>			
Date \$125.00 Deposit Paid:		Date \$50.00 Annual Fee Paid:	
Check # or Cash:		Check # or Cash:	
Deposit Entered in System By:		Annual Fee Entered in System By:	
Date Deposit Refunded:		Season for Annual Fee:	
Refunded By:		Notes:	