

**USA HOCKEY CONFIRMATION NUMBER:**

Jersey Size:

**Mustang Hockey Association**  
 PO Box 773904  
 Eagle River, AK 99577  
 Office: 907-694-7849

Date of Birth (00/00/0000): \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

**REGISTRATION FEES ARE NON-REFUNDABLE**

**Player Name:**  
 \_\_\_\_\_  
 (last name) (first name) (M.I.)  
**\*IDENTICAL to Birth Certificate-No Nicknames\***

**Have you played for MHA?** (CIRCLE) **YES NO**  
*\*\*Submit Birth Certificate if new player\*\**

**Are you currently playing for another Assn?** \_\_\_\_\_  
**If yes, which one?** \_\_\_\_\_

**Parent/Guardian:**  
 \_\_\_\_\_  
 (last name) (first name)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip)  
 Home phone: \_\_\_\_\_ (W/C): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 (This e-mail will receive MHA and Team information)

**Parent/Guardian:**  
 \_\_\_\_\_  
 (last name) (first name)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip)  
 Home phone: \_\_\_\_\_ (W/C): \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Consent form and Agreement to participate: I/My child hereby understands, agrees to abide by and support the current USA Hockey rules of play, personal conduct, and terms and conditions for membership. I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand, agree to the Waiver of Liability, Release and Indemnity Agreement as printed by USA Hockey and have signed that form. I hereby give consent for USA Hockey, Mustang Hockey, its corporation, Board of Directors, and its member teams to provide me/my participating child with any emergency care as warranted and associated with participation on a member team during sanctioned events, and to provide housing, meals, and transportation of its choice when associated with authorized team travel. I hereby authorize USA Hockey, Mustang Hockey and its member teams to utilize my/my child's name and/or photographic representation in the promotions of their programs.  
**I understand an additional \$245 will be due October 15<sup>th</sup> if my child is placed on a Tier III or Mite Red team (Except Midgets).**  
 \_\_\_\_\_  
 (signature) (date)

**Check Division based on player's birth year:**  
 Beginner / Learn to Skate \_\_\_\_\_ Atom  
 Intermediate Skaters (8) \_\_\_\_\_ 8U Mite  
 2008-2009 (9-10 yrs old) \_\_\_\_\_ 10U Squirt  
 2006-2007 (11-12 yrs old) \_\_\_\_\_ 12U Peewee  
 2004-2005 (13-14 yrs old) \_\_\_\_\_ 14U Bantam  
 2002-2003 (15-16 yrs old) \_\_\_\_\_ 16U  
 2000-2001 (17-18 yrs old) \_\_\_\_\_ 18U

**Check appropriate program:**  
 House: \_\_\_\_\_ Comp: \_\_\_\_\_  
 If player would like to play up a division, please indicate the division/level: \_\_\_\_\_  
 (Based on space. Attend both Division Evaluations)

**Is player a goalie? (Mite & Up) Yes \_\_\_\_\_ No \_\_\_\_\_**

**Check here if you plan to attend Tier III Evaluations (\$30 tryout fee due at the door) \_\_\_\_\_**

**MHA use only:**  
 Date rec'd: \_\_\_\_\_ Payment Plan \_\_\_\_\_  
 CC: \_\_\_\_\_ Ch #: \_\_\_\_\_ Cash: \_\_\_\_\_

**MHA use:**  
 Registration Fee: \_\_\_\_\_  
 Jersey fee: \_\_\_\_\_ Total pd: \_\_\_\_\_