

## 2009/2010 Registration Form

UPPER VALLEY STORM

PO Box 195

Hartford, VT 05047

Player Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Coaching interest: yes no Certification Level \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

By providing your email address you accept correspondence with UVHA.

Travel Programs	Birth Year	2009/2010 Fee**	Nonrefundable Pre-registration Deposit*
___ Mite	2001-2003	\$700	\$100
___ Squirt	1999-2000	\$800	\$100
___ Peewee	1997-1998	\$800	\$100
___ Bantam	1995-1996	\$850	\$100
___ U12 Girls	1997-2000	\$800	\$100
___ U14 Girls	1995-1996	\$850	\$100

\*Travel program fee will be discounted by \$50 if the registration deposit is received by May 15, 2009.

\*\*Proposed Rates for the 2009/2010 season

House Programs	Birth Year	2009/2010 Fee
___ Learn to Skate	2001-2005	\$50
___ Intro to Hockey~	2000-2004	\$150

~Player must skate without assistance.

### Additional Information

- Make checks payable to HYHA. Final payment is due Oct 1, 2009
- Financial Assistance is available, submit form found on website with Spring Registration or by Sept 1, 2009
- Register player online, USA Hockey [www.usahockeyregistration.com](http://www.usahockeyregistration.com) and send confirmation to Registrar
- A NH or VT Player Release Form must to be submitted if player is a transfer from another association
- Forms and information at [www.uvha.org](http://www.uvha.org)

If you have questions contact the UVHA Registrar, Michele Lyford at [uvstorm@gmail.com](mailto:uvstorm@gmail.com)

PUBLICATION OF PLAYER'S PHOTO - **UVHA** uses photographic images of players and teams on their website and for promotional activities. UVHA will not sell or distribute such images. If you wish **not** to have your child's photos published

Sign here \_\_\_\_\_ Child's name \_\_\_\_\_

**HOCKEY LIABILITY RELEASE** - I understand that the risk of injury from hockey is significant; including the potential for paralysis and death, and 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. I assume all risks and dangers incident to my/my child's participation in the program and arising out of use of the James W. Champion Rink, Hartford Municipal Arena and other facilities that may be used during the program. I understand that the Associations assume no responsibility for property loss, damage, or personal injury.

\_\_\_\_\_  
Signature Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent/Guardian

OFFICE USE ONLY: Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_