



Detroit Hockey Association 2011 – 2012 Player Contract

Jack Adams Memorial Arena 10500 Lyndon, Detroit, MI 48238
Mail: P.O. Box 27557, Detroit, MI 48227-0557

New Returning: Birth certificate may be on file

Player: _____ / _____ / _____
Last First Middle

Address: _____ City: _____ MI Zip: 48 _____

Phone: (H) (____) ____-____ Emergency: (____) ____-____ Email address _____

DOB ____/____/____ (MUST attach copy of Birth Certificate) Age: ____ HT ____ WT: ____

Male Female School: _____ Grade: ____ G.P.A. _____

Yrs of Experience ____ Last Team and Coach: _____

Position: Forward Defense Goalie Shoots Left Shoots Right N/A

Mother's Last Name: _____ Full First Name: _____ MI _____

Address: _____ City: _____ MI Zip: 48 _____

Phone: (H) (____) ____-____ Phone: (W) (____) ____-____ Cell Phone: (____) ____-____

Father's Last Name: _____ Full First Name: _____ MI _____

Address: _____ City: _____ MI Zip: 48 _____

Phone: (H) (____) ____-____ Phone: (W) (____) ____-____ Cell Phone: (____) ____-____

Guardian's Last Name: _____ Full First Name: _____ MI _____

Address: _____ City: _____ MI Zip: 48 _____

Phone: (H) (____) ____-____

Parent's E-mail: _____ / _____

Father/Guardian

Mother/Guardian

EMERGENCY MEDICAL INFORMATION

Medical Insurance Co. _____ Policy # _____

Physician: _____ Phone # _____

IN CASE OF EMERGENCY

Contact Other than Parents: _____ Phone # _____

Specific Medical Problems: _____

**YOUR CHILD (REN) WILL NOT BE ROSTERED UNTIL THEIR REGISTRATION FEES ARE PAID.
DUE DATE NOV. 5, 2011 NOTE: Team Fees and Referee Fees ARE NOT included in Registration Fees.**

-----Make checks payable to: "Detroit Hockey Association"-----

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REGISTRATION)

2011/2012 PROGRAM INFORMATION & MEMBERSHIP FEES
Identify the Program this Player will be in for the 2010/2011 Season

INITIATION PROGRAM (Skills Development)

FEE

DEPOSIT/BALANCE

LEARN TO PLAY/CROSS-ICE Date of Birth: 1999-2007 \$190.00 \$125.00/~~\$65.00~~

IP PROGRAM EARLY Registration: \$175.00 Regular Registration: \$190.00 See Below for Dates)

HOUSE (B) DIVISIONS

<input type="checkbox"/> Mini-Mite	Date of Birth: 1/01/05& Younger	\$300	\$150.00/\$150.00
<input type="checkbox"/> Mite	Date of Birth: 01/01/03 - 12/31/04	\$300	\$150.00/\$150.00
<input type="checkbox"/> Squirt	Date of Birth: 01/01/01 - 12/31/02	\$300	\$150.00/\$150.00
<input type="checkbox"/> Peewee	Date of Birth: 01/01/99 - 12/31/00	\$300	\$150.00/\$150.00
<input type="checkbox"/> Bantam	Date of Birth: 01/01/97 - 12/31/98	\$300	\$150.00/\$150.00
<input type="checkbox"/> Midget B	Date of Birth: 01/01/95 - 12/31/96	\$300	\$150.00/\$150.00
<input type="checkbox"/> Midget BB	Date of Birth: 01/01/93 - 12/31/94	\$300	\$150.00/\$150.00
<input type="checkbox"/> 10U Girls	Date of Birth: 01/01/01- 12/31/02	\$300	\$150.00/\$150.00
<input type="checkbox"/> 12U Girls	Date of Birth: 01/01/99 - 12/31/00	\$300	\$150.00/\$150.00
<input type="checkbox"/> 14U Girls	Date of Birth: 01/01/97- 12/31/98	\$300	\$150.00/\$150.00
<input type="checkbox"/> 16U Girls	Date of Birth: 01/01/95 - 12/31/96	\$300	\$150.00/\$150.00
<input type="checkbox"/> 19U Girls	Date of Birth: 01/01/93 - 12/31/94	\$300	\$150.00/\$150.00

Early Registration: (April 1 – ~~Aug. 31, 2011~~) **\$250.00** Multi-Child Discount 2nd Child: \$225.00 3rd, 4th etc: \$200.00
Regular Registration: (Sept. 1 – ~~Nov. 5, 2011~~) **\$300.00** Multi-Child Discount 2nd Child: \$275.00 3rd, 4th etc: \$250.00

I hereby agree that I will not participate in any other recognized hockey league during the 2011 – 2012 hockey season, or with any other hockey team other than my DHA team, unless authorized by written release from the DHA. I agree to follow the rules of hockey as set forth by USA Hockey, MAHA, and DHA.

Player's Signature: _____ Date: ____/____/2011

I, the parent/guardian of the above named player, hereby give my approval for my child to participate in any and all hockey games or related activities. I hereby waive, release, absolve, indemnity and agree to hold harmless the DHA, organizers, sponsors, supervisors, participants and or persons transporting or supervising my child to and from or during activities, for any claim arising out of an injury to my child, whether by result of negligence or for any other cause except to the extent and the amount covered by accident or liability insurance. I agree to return upon request any uniforms or equipment issued to my child in as good of a condition as when received, except for normal wear and tear. I agree to participate in my child's activities with the DHA.

Community Services

I understand DHA has extensive Community Service obligations, which are carried out on a volunteer basis by rostered players, their parents, coaches and other volunteers. As parent of a rostered player, I understand my child and I have an obligation to serve on a volunteer basis in Community Services activities designated by the DHA Board on a date and time set by DHA.

Parent/Guardian Signature: _____ Date: ____/____/2011

Fee Paid: \$ _____ IN FULL Balance: \$ _____ Registered By: _____

Receipt#: _____ CASH CHECK #: _____ REG. TYPE: REG EARLY PRE