

**BISC / KCHA**  
**2007 – 2008**  
**Youth Hockey Registration Form**  
**2007/2008 Playing level (check One)**

PROGRAM	X	COST
Initiation Program: 3-13		\$385
Mite Minor: 8-Under		\$650
Mite Major: 7-8		\$975
Squirt House: 10-Under		\$1275
PeeWee House: 12-Under		\$1275
Bantam House: 14-Under		\$1275
Midget House: 18-Under		\$1275
Midget Rep: 18-Under		\$1900
<b>BISC/ KCHA</b>		
<b>Full payments:</b> We Accept Visa /Master Card / Cash / Check		
<b>Payment plans:</b> Are set up by ACH Direct withdraws from either checking or saving account		
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
<b>Player Date of Birth:</b> /     /	<b>Age :</b>	<b>Gender: Male :</b> <input type="checkbox"/> <b>Female :</b> <input type="checkbox"/>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone( Incl Area Code)</b>	<b>Phone 2:</b>	<b>Phone 3:</b>
<b>Parent (Last Name / First Name)</b>		
<b>Parent (Last Name / First Name)</b>		
<b>Email 1:</b>	<b>Email 2:</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Position Played Last Year: ( FW / DF / G )</b>
<b>Last Organization:</b>	<b>Preferred Position: ( FW / DF / G )</b>	
<b>If other than KCHA Outlaws a Player Release is Required</b>	<b>Release Provided:</b> <input type="checkbox"/>	<b>Verified By KCHA Outlaws Official: :</b> <input type="checkbox"/>

**PARENTS AND/OR GUARDIANS PLEASE READ AND SIGN**

It is agreed that the above player and his/her parent or guardian assumes all risk and hazards in connection with all \_\_\_\_\_ activities, including transportation to and from activities. It is recognized that an injury requiring immediate medical attention may be sustained during KCHA activities or during transportation to or from activities regardless of location. In the event of an injury to the player, the undersigned waives any claims against the KCHA and grants permission to the attending physician, hospital or other health care provider to render such treatment as it is reasonably necessary under the circumstances and the undersigned agrees to pay the charges for such treatment. It is further agreed that the undersigned player and his/her parent or guardian release, discharge, indemnify and hold KCHA and its officers, directors, representatives, coaches, agents, members and sponsors harmless from any claim whatsoever arising out of activities in connection with the ice hockey program of KCHA.

**CONSENT TO TREAT**

In addition, this is to certify that, as the parent or guardian of the player noted above, I give my consent to KCHA to obtain medical care from any licensed physician, hospital, or clinic for the player for any injury that could arise from participation in KCHA activities. I understand that the player's coach/assistant coach may keep a copy of this consent and may use such a copy of this consent in the event medical attention is required. By signing this application, I **agree to pay all dues, fees and assessments, and all other charges of membership in the association.** Failure to remit dues, fees and/or other assessments in a timely manner may result in the immediate suspension of ice play time or revocation of membership by the Board of Directors. A \$30.00 fee will be charged for returned checks.

**Signature of Parent or Legal Guardian X \_\_\_\_\_**  
**Date: \_\_\_\_\_**

