2009 – 2010 REGISTRATION

website: www.BismarckHockey.com **email:** info@BismarckHockey.com

Complete one registration form and send payment in full for each participant to:

Bismarck Hockey Boosters | PO Box 2408 | Bismarck, ND 58502

Participant's Name _____ Boy _____ Girl _____

Street Address _____ City_____ State _____ Zip Code _____

E-Mail _____ (Note: please include a valid email address or you will NOT receive BHB email communications)

Birth Date _____ 09-10 Grade _____ Level Participated in 08-09 _____

Mother's Name _____ Phone _____ | Father's Name _____ Phone _____

Medical Ins. Carrier _____ Policy # _____

A copy of the participant's birth certificate is to be submitted to the team manager after teams are selected.
FOR SECURITY REASONS, BHB DOES NOT KEEP COPIES OF BIRTH CERTIFICATES.

(Required: Your child must be registered in the designated age category or your registration will not be accepted.)

The BHB has limited sets of 8U Girls and Mite hockey equipment (excluding skates) for eligible participants available on a first come basis (see website for more information).

____ Mites (Boys & Girls) 1st Time BHB Participant Only (Born 7-1-00 or later) – **FREE***
SESSION #1: Oct. – Dec. (OK to sign up for both sessions #1 & #2) Reg. Deadline – Oct. 1

____ Mites (Boys & Girls) 1st Time BHB Participant Only (Born 7-1-00 or later) – **FREE***
SESSION #2: Jan. – Mar. (OK to sign up for both sessions #1 & #2) Reg. Deadline – Jan. 1

____Mites Boys & Girls (Born 7-1-00 or later) - **$90**

____Girls 8U 1st Time BHB Participant Only (Born 7-1-00 or later) - **FREE***

____Girls 8U (Born 7-1-00 or later) - **$90**

____Girls 10U (Born 7-1-98 to 6-30-00) - **$325**

____ Squirts (Born 7-1-98 to 6-30-00) - **$325**

____ Girls 12U (Born 7-1-96 to 6-30-98) - **$500**

____Peewees (Born 7-1-96 to 6-30-98) - **$500**

____Girls 14U (Born 7-1-94 to 6-30-96) - **$500**

____Bantams (Born 7-1-94 to 6-30-96) - **$500**

____Girls 16U / 19U (Born 1-1-89 to 6-30-94) - **$500**

(Peewee & Bantam Only) A or B ___ B Only ___ Position _____

* ☐ **FUNDRAISING FEE:** Please check if you are including the $125 fundraising fee along with the registration fee.
Each participant (including ALL Mites) is required to participate in the raffle ticket fundraising program. 25 - $5 Raffle Tickets = **$125**
You will receive your 25 - $5 raffle tickets no later than Dec. 1 and may sell them to recover the fundraising fee. Fundraising fee is to be submitted to the team manager by February 1.

REGISTRATION FEE TOTAL: _____ + FUNDRAISING FEE TOTAL: _____ = TOTAL SUBMITTED:_____

☐ MasterCard ☐ VISA Name on Card: _____ #: _____-_____-_____-_____ Exp. Date _____

☐ Check # _____ Please make check payable to: **Bismarck Hockey Boosters**

Financial assistance is available (must meet Public School Lunch Program eligibility), please email the BHB for an application.

MANDATORY: Each participant must register online with USA Hockey (https://www.usahockeyregistration.com/) and the USA Hockey registration receipt MUST accompany this registration form. The full BHB registration fee must be submitted along with the registration form.

Registration Deadlines: **1st year girls 8u and 1st year mites: October 2, 2009**
ALL OTHER LEVELS: September 4, 2009

The registration form must be filled out completely and signed or the participant will not be allowed on the ice (including preseason clinic) due to USA Hockey insurance & liability reasons.

NOTE: Peewees & Bantams must be registered by September 4, 2009 or will NOT be allowed to participate in tryouts due to USA Hockey insurance / liability & team assignments.

****ANY FORMS & PAYMENTS RECEIVED AFTER THE DUE DATE MUST INCLUDE A $50 LATE FEE OR THE PARTICIPANT WILL NOT BE ALLOWED ON THE ICE.****

Guardian Authorization and Waiver of Liability

To induce the Bismarck Hockey Boosters (BHB) to accept registration and permit participation in BHB by the named individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless, its officials, coaches, and representatives, from claims arising out of injury to the above-named individual. I hereby certify that the above youth is in normal health and capable of participating safely in BHB. We, the undersigned, parents of the applicant, a minor, do hereby authorize the coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as agents for the undersigned to consent to medical, surgical, or dental examination treatment, etc., of minor. I agree that I will be fully responsible for the conduct of my child or any damages caused by such conduct. I further agree that my child and their parent(s)/guardian(s) will also conform to the USA Hockey, NDAHA and Bismarck Hockey Boosters codes of conduct for parents and players.

By signing, I agree to all terms. **Parent/Guardian Signature: X**_____ Date: _____

NOTE: 1ST PRACTICE SCHEDULES WILL BE POSTED ON THE www.BismarckHockey.com WEB SITE BY OCTOBER 1ST