



2010 – 2011 REGISTRATION



Website: www.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 _____
Birth Date ___/___/___	2010-11 School Grade Level _____	Level Participated in 09-10 _____
Mother's Name _____	Phone _____	Father's Name _____ Phone _____
Medical Ins. Carrier _____	Policy # _____	

Do not send Birth Certificates with this Registration. 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 appropriate 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).

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| ___ Mites (Boys & Girls) 1 st Time BHB Participant Only (Born 7-1-01 or later) – FREE*
SESSION #1: Oct. – Dec. (OK to sign up for both sessions #1 & #2) Reg. Deadline – Oct. 1 | ___ Squirts (Born 7-1-99 to 6-30-01) - \$325 |
| ___ Mites (Boys & Girls) 1 st Time BHB Participant Only (Born 7-1-01 or later) – FREE*
SESSION #2: Jan. – Mar. (OK to sign up for both sessions #1 & #2) Reg. Deadline – Jan. 1 | ___ Girls 12U (Born 7-1-97 to 6-30-99) - \$500 |
| ___ Mites Boys & Girls (Born 7-1-01 or later) - \$90 | ___ Peewees (Born 7-1-97 to 6-30-99) - \$500 |
| ___ Girls 8U 1 st Time BHB Participant Only (Born 7-1-01 or later) - FREE* | ___ Bantams (Born 7-1-95 to 6-30-97) - \$500 |
| ___ Girls 8U (Born 7-1-01 or later) - \$90 | ___ Girls 14U (Born 7-1-95 to 6-30-97) - \$500 |
| ___ Girls 10U (Born 7-1-99 to 6-30-01) - \$325 | |

(Pee wee & Bantam Only) A or B _____ B Only _____ Position _____

FUNDRAISING FEE IS REQUIRED WITH REGISTRATION.
Each participant (including ALL Mites) is required to participate in the raffle ticket fundraising program. 20 - \$5 Raffle Tickets = **\$100**
Submit a separate check for \$100.00 for fundraising, may be post-dated 2-15-11. All registrations received without the fundraising fee will not be accepted.

REGISTRATION FEE TOTAL: _____ + FUNDRAISING FEE TOTAL: \$100.00 = 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. **(Note: Please include a valid email address or you will NOT receive BHB email communications)**
Registration Deadlines: 1st year girls 8u and 1st year mites: October 1, 2010
ALL OTHER LEVELS: September 7, 2010
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: Pee wees & Bantams must be registered by September 7, 2010 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