



# 2011 – 2012 REGISTRATION



Website: [www.BismarckHockey.com](http://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 _____
E-Mail _____ (Note: please include a valid email address or you will NOT receive BHB email communications)		
Birth Date _____	11-12 Grade _____	Level Participated in 10-11 _____
Mother's Name _____	Phone _____	Father's Name _____ Phone _____
Ins. Carrier Info: _____	Policy # _____	

**(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).

- |  |  |
|--|--|
| ____ Mites (Boys & Girls) <u>1<sup>st</sup> Time BHB Participant Only</u> (Born 7-1-02 or later) – <b>FREE*</b><br><b>SESSION #1: Oct. – Dec. (OK to sign up for both sessions #1 &amp; #2) Reg. Deadline – Oct. 1</b> | ____ Squirts (Born 7-1-00 to 6-30-02) - <b>\$325</b>   |
| ____ Mites (Boys & Girls) <u>1<sup>st</sup> Time BHB Participant Only</u> (Born 7-1-02 or later) – <b>FREE*</b><br><b>SESSION #2: Jan. – Mar. (OK to sign up for both sessions #1 &amp; #2) Reg. Deadline – Jan. 1</b> | ____ Girls 13U (Born 7-1-97 to 6-30-00) - <b>\$500</b> |
| ____ Mites Boys & Girls (Born 7-1-02 or later) - <b>\$90</b>   | ____ Peewees (Born 7-1-98 to 6-30-00) - <b>\$500</b>   |
| ____ Girls 8U <u>1<sup>st</sup> Time BHB Participant Only</u> (Born 7-1-02 or later) - <b>FREE*</b>  | ____ Bantams (Born 7-1-96 to 6-30-98) - <b>\$500</b>   |
| ____ Girls 8U (Born 7-1-02 or later) - <b>\$90</b>   | ____ Girls 19U (Born 1-1-91 to 6-30-97) - <b>\$500</b> |
| ____ Girls 10U (Born 7-1-00 to 6-30-02) - <b>\$325</b>   |  |

**(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. 15 \$5 Raffle Tickets = **\$75**  
All registrations received without the fundraising fee will not be accepted.

**REGISTRATION FEE TOTAL: \_\_\_\_\_ + FUNDRAISING FEE TOTAL: \$75.00 = 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.

**Registration Deadlines: 1<sup>st</sup> year girls 8u and 1<sup>st</sup> year mites: October 15, 2011**

**ALL OTHER LEVELS: September 7, 2011**

**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, 2011 or will NOT be allowed to participate in tryouts due to USA Hockey insurance / liability & team assignments.

**\*\*BIRTH CERTIFICATES ARE NO LONGER REQUIRED\*\***

**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: 1<sup>ST</sup> PRACTICE SCHEDULES WILL BE POSTED ON THE [www.BismarckHockey.com](http://www.BismarckHockey.com) WEB SITE BY OCTOBER 1<sup>ST</sup>**