

Office Use:  Date Reg: _____	<h1 style="margin: 0;">Kent Valley Hockey Association</h1> <p style="margin: 0;">We project to fill all teams to capacity including 7 Rec /5 Rep teams. New Member Waiting Lists will be entered after June 1<sup>st</sup>, 2011</p>  <h2 style="margin: 0;">REGISTRATION FORM</h2> <h3 style="margin: 0; color: red; text-decoration: underline;">SPACE IS LIMITED</h3>  <p style="margin: 0; color: red; text-align: center;"><i>Space is limited, subject to availability.</i></p> <p style="margin: 0; background-color: yellow;">Each player will be responsible to register with USA Hockey online. Please visit <a href="http://www.USAHockey.com">www.USAHockey.com</a> to register and provide a copy of confirmation # to KVHA</p>	Returning Player Yes or No  Have Release Yes or No  USA Hockey Registration # Yes or No  Birth Certificate Yes or No
<b>Kent Valley Hockey</b> 6015 S. 240 <sup>th</sup> Street Kent, WA 98032 Attn: Rena Sullivan (253) 850-2400, ext 10		<b>Please complete a separate registration for each child registered.</b>
<b>PLAYER INFORMATION</b>		
Player's Legal Last Name: _____		First Name: _____
Address: _____	City: _____	State/Province _____ Zip: _____
Birth Date: MO ____ DY ____ YR _____	2010/2011 Hockey Association: _____	2011/2012 USA Hockey #: _____

**NOTE: Please include I-94, copy of State Issued Birth Certificate or Immigration papers if KVHA does not have on file.**

**Please circle below the level you are wanting to play:**

**LTP                      Mite                      Squirt Rec                      PeeWee Rec                      Bantam Rec                      Midget Rec**  
**Squirt Rep                      PeeWee Rep                      Bantam Rep                      U-18 AA**

**NOTE: All skaters new to Kent Valley Hockey must have a release from their prior hockey association in order to register.**

**E-Mail address #1:** \_\_\_\_\_ **E-Mail address #2:** \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's Last Name:	First Name:	Profession:	Employer:	Work Phone:
Residence Address: <i>(if different from player's mailing address)</i>		City/State:	Zip:	Home Phone:
Father's Last Name:	First Name:	Profession:	Employer:	Work Phone:
Residence Address: <i>(if different from player's mailing address)</i>		City/State:	Zip:	Home Phone:
Emergency Contact:			Work Phone:	Home Phone:
Physician:		Physician Phone:	Allergies/Medical Conditions:	

As a condition of the participation of \_\_\_\_\_ (the above named player) in the 2011/2012 Kent Valley Hockey Association (KVHA) hockey program, the undersigned, as the authorized parent or guardian agrees and warrants as follows:

1. A STATE CERTIFIED COPY OF THE PLAYER'S BIRTH CERTIFICATE WILL BE REQUIRED AT TIME OF REGISTRATION. **(Birth Certificates -KVHA and USA Hockey do not accept hospital issued birth certificates, or "credit card" size birth certificates. Immigration - If you were born outside of the US, please provide a copy of your current Resident Alien card or I-94 Visa. USA Hockey does not allow any exceptions to this!)**
2. All players shall abide by the rules and regulations established by KVHA. All team assignments will be made by KVHA. KVHA may, in its sole discretion, exclude or expel any person from the program for violation of this provision.
3. As parent or guardian of the above-named player on a KVHA team, I/we hereby give our approval to participate in any and all KVHA activities. I/WE do further hereby release, absolve, indemnify, and hold harmless the ice arena, the officers, board members, coaches, supervisors, and any authorized physician. I/WE understand that the term "authorized" physician means not only our own physician listed above, but any other licensed, practicing physician who is called on to perform the required medical services.
4. By signing below, Parent or Legal Guardian accepts the 2011/2012 Payment Schedule Agreement.

*This release is good for the entire 2011/2012 Season.*

**\*\*\* CONSENT FOR TREATMENT OF A MINOR \*\*\***

AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, I GIVE CONSENT FOR IMMEDIATE MEDICAL TREATMENT IN THE EVENT THAT NEITHER PARENT/GUARDIAN IS AVAILABLE AT THE TIME SUCH TREATMENT IS NEEDED.

**Parent/Guardian Signature:**   X   \_\_\_\_\_ **Date:** \_\_\_\_\_, 2011



Kent Valley Hockey Association

Financial Agreement

May 3, 2011

Player Name: \_\_\_\_\_

I, \_\_\_\_\_, person of financial responsibility for player named above, agree to pay the amount of \$\_\_\_\_\_ for the 2011-2012 Kent Valley Hockey season.

There will be 4 monthly payments of \$\_\_\_\_\_ due on the 10th of the month (schedule listed below). You are responsible for keeping this account current. New this season we will be able to automatically charge your CC on the monthly schedule below. Credit Card information must be included on the form to guarantee payment.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

My credit card number is (Visa/MC only): \_\_\_\_\_

CC exp. Date: \_\_\_\_\_ 3 digit Sec. Code \_\_\_\_\_

Contact information: Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Auto Debit Payment Schedule (Rates increased June 1<sup>st</sup>, 2011)**

Payment Due Dates	LTP	REC	Squirt B	PeeWee T-2	Bantam T- 2	Midget U-18 AA
Registration Fee May 2011	\$75.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
June 10, 2011	\$65.00	\$343.75	\$561.25	\$573.75	\$605.00	\$715.00
July 10, 2011	\$65.00	\$343.75	\$561.25	\$573.75	\$605.00	\$715.00
Aug. 10, 2011	\$65.00	\$343.75	\$561.25	\$573.75	\$605.00	\$715.00
Sept. 10, 2011	\$65.00	\$343.75	\$561.25	\$573.75	\$605.00	\$715.00
<b>TOTAL</b>	<b>\$335.00</b>	<b>\$1575.00</b>	<b>\$2445.00</b>	<b>\$2,495.00</b>	<b>\$2,620.00</b>	<b>\$3,060.00</b>
Dec. 10, 2011	<b>Individual and Team Auction Donations due to KVHA Office.</b>					

Note: Payments are due the 10th of each month. Delinquent accounts will be ineligible for post season play. A player that falls behind by 15 days may be suspended from all team activities until their account is current.

The enrollment of \_\_\_\_\_ in the Kent Valley Hockey Program for the 2011-12 Season represents a financial & Auction commitment as stated above.

**Kent Valley Hockey Association (KVHA) Annual Auction Fundraiser Commitment:** KVHA will be holding an Annual Auction Fundraiser on or about February 5, 2012 (subject to final determination in September.)

Each member is expected and hereby agrees to procure at least 1 auction item at a \$75 or greater value and to participate with their KVHA team in presenting an auction item valued at \$300 or more and 2 bottles of wine (per team) for the Instant Wine Cellar. Member agrees to pay \$100 if they choose not to procure an item individually.

Auction commitments not met by December 10, 2011 will result in an increased donation requirement of \$150 per family.

Each team shall be required to send a minimum of 10 people to represent your team at the auction to ensure that we continue to support and develop our organization. Please refer to the Auction/Fundraiser Information Sheet for details and opportunities to volunteer to help us make this our Best Auction Ever!

**No monthly billings will be sent out.** Monthly payments will be automatically withdrawn from the CC information on file on the scheduled dates listed in this agreement.

**All accounts must be paid in full by October 1st, 2011.**

It is to be understood that the entire Kent Valley Hockey Association organization operates under a strict budget and outlined set of policies and procedures. Delinquent accounts will be subject to immediate player suspension from practice and game ice time, and may lead to separation of the player from the organization. This financial agreement is jointly applicable to this player and all siblings in the Kent Valley Hockey Program. That is, in the event a player remains delinquent at the end of the playing season, information pertaining to the said delinquency will be reported to the governing league(s) and the player and siblings declared ineligible to compete in a USA Hockey function per league guidelines.

**Agreement and Commitment:** With my signature below, I accept the responsibility of paying the total fees to the Kent Valley Hockey Association. I understand that all payments not made by the above due dates shall be subject to a late fee of 5% of the balance due, and any amounts that are more than 30 days past due shall be subject to an additional 1½% per month interest charge. Non-refundable Registration Fee is \$200.00.

I have read the Fee Structure, Annual Auction Fundraiser Commitment, policies regarding payments, past due accounts, and understand the financial commitment required.

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Dated: \_\_\_\_\_ Signature By: \_\_\_\_\_

Phone: \_\_\_\_\_

*Thank you for supporting Kent Valley Hockey Association!*

# THIS PAGE IS FOR YOUR RECORDS!

## *Kent Valley Hockey Schedule of Payments*

\_\_\_\_\_  
(Insert Team on Line Above)

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

4 MONTHLY PAYMENTS OF: \$ \_\_\_\_\_

PAYMENT SCHEDULE:

### **Auto Debit Payment Schedule**

Payment Due Dates	LTP	REC	Squirt B	PeeWee T-2	Bantam T- 2	Midget U-16/U-18 AA
Registration Fee May 2011	\$75.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00
June 10, 2011	\$65.00	\$343.75	\$561.25	\$573.75	\$605.00	\$715.00
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<b>TOTAL</b>	<b>\$335.00</b>	<b>\$1575.00</b>	<b>\$2445.00</b>	<b>\$2,495.00</b>	<b>\$2,620.00</b>	<b>\$3,060.00</b>
Dec. 10, 2011						

Your payment will now be taken automatically on the schedule listed above. Credit Card information must be included on the form to guarantee payment.

**Note:** Payments are due the 10th of each month. Delinquent accounts will be ineligible for post season play. A player that falls behind by 15 days may be suspended from all team activities until their account is current.

If you have any questions, please contact:

Rena Sullivan 253-850-2400 x10

[Rena@kentvalleyicecentre.com](mailto:Rena@kentvalleyicecentre.com)

*Thank you for supporting Kent Valley Hockey Association!*