SOUTHERN TIER STORM

Application for 2011-2012
Girls Travel Teams

(Please print all information)

See www.oleanyouthhockey.com for registration dates

PLAYER INFORMATION:

Name _____ _____ _____ Male ( )
(Last) (First) (MI) Female ( )

Address_____
Please include zip code!

Date of Birth _____

Phone Number ( ) _____ *Please enter area code!*

Physical Limitations (if any) _____

PARENT INFORMATION:

Parent or Guardian Names _____

Daytime Phone Number _____

Please list an ACTIVE e-mail address that you use regularly:

_____

PROGRAM INFORMATION:

√	Age Group	Year of Birth	League Team Fee	Benefit Bash	TOTAL DUE
	19U - TB	1992-younger	$700 est.	TBA	$700+fundraiser
	Recreational	Age TBD	$600 est.	TBA	$600+fundraiser

NOTE: All players must pay the initial fee for the recreational team. If players choose to tryout for the 19U team, those chosen will be required to pay the balance immediately upon selection.

Parent Authorization:
I, the parent or guardian of the above player, hereby give my approval to his/her participation in all OAYHA activities during the upcoming season. We assume all risks and hazards incidental to that participation, and hold harmless OAYHA and its coaches, participants, and other members, except to the extent and in the amount covered by accident and/or liability insurance provided by OAYHA. We agree to participate in all fund-raising activities adopted by the OAYHA Board to supplement the revenue collected through player registration fees. I will also allow pictures of my child playing hockey to be displayed on the Olean Youth Hockey web-site.

Parent or Guardian's Signature _____ Date _____
( ) Father ( ) Mother ( ) Guardian