



Chautauqua County Youth Hockey Association, Inc.
P.O. Box 266, Jamestown, NY 14701
www.JamestownLakers.com

2011-2012 REGISTRATION FORM

**Please print (please complete a separate form for each player)

PLAYER INFORMATION

LAST NAME: FIRST NAME: MI:
DATE OF BIRTH GENDER M/F (circle one) EMAIL (1)
EMAIL (2)

**Email is the main form of Communication. Please list an email address that is checked regularly.

STREET ADDRESS:
CITY, STATE: ZIP CODE:
CHILD HOME PHONE: ALT. PHONE #:
PARENT/GUARDIAN (1) - LAST NAME: FIRST NAME:
PARENT/GUARDIAN (2) - LAST NAME: FIRST NAME:

*(P/G 1) will be the parent contacted, should both parents not reside with the child.

Please list two names w/phone numbers, other than parents, of whom to contact if necessary:

Name: Phone: Name: Phone:

REGISTRATION INFORMATION

**Please clearly indicate which program your child would like to participate in during the 2011-2012 Hockey Season.

- Beginner Hockey (2005-younger)
Mite House (2003-under)
Squirt House (2001 & 2002 Birth Year)
Pee Wee House (1999 & 2000 Birth Year)
All-Girls Team (1993-2001 Birth Year)*
Mite Travel (2003-under)
Squirt Travel (2001 & 2002 Birth Year)
Pee Wee Travel (1999 & 2000 Birth Year)
Bantam Travel (1997 & 1998 Birth Year)
Midget Minor (1995 & 1996 Birth Year)
Midget Major (1993 & 1994 Birth Year)

- High School Program (Freshman/Junior Varsity/High School) Please Circle
-What High School do you attend?
-What Grade will you be in 2011-2012?

I, hereby present my child, as a pre-registered member of the C.C.Y.H.A. for the 2010-11 Youth Hockey Season. I understand that by putting down a NON-REFUNDABLE \$ deposit in my child's name, I reserve a roster position on a youth hockey team (Travel or House) within the C.C.Y.H.A. for the 2011-2012 Youth Hockey Season. I agree that the above information is how to contact me with dates and times of travel team try-outs, if we desire to participate. I understand that failure to attend a scheduled try-out session will result in my child's inability to participate in the C.C.Y.H.A. travel program.

Parent/Guardian Signature: Date:

FOR ADMINISTRATIVE USE ONLY
Payment of \$ received in the form of by on
(Amount) (check/cash/credit) (CCYHA Rep) (Date)