



Chautauqua County Youth Hockey Association, Inc.
 P.O. Box 266, Jamestown, NY 14701
 (716) 484-PUCK ~ www.JamestownLakers.com

2008-09 PRE-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 2008-09 Hockey Season.*

- | | |
|--|--|
| <input type="checkbox"/> Beginner Hockey (2000-under)
<input type="checkbox"/> Mite KIIJ (2000-under)
<input type="checkbox"/> Squirt KIIJ (1998 & 1999 Birth Year)
<input type="checkbox"/> PeeWee KIIJ (1996 & 1997 Birth Year)
<input type="checkbox"/> Bantam KIIJ (1994 & 1995 Birth Year)
<input type="checkbox"/> Midget KIIJ (1991-1993 Birth Year)
<input type="checkbox"/> All-Girls Team (1991-1999 Birth Year) | <input type="checkbox"/> Mite Travel (2000-under)
<input type="checkbox"/> Squirt Travel (1998 & 1999 Birth Year)
<input type="checkbox"/> PeeWee Travel (1996 & 1997 Birth Year)
<input type="checkbox"/> Bantam Travel (1994 & 1995 Birth Year)
<input type="checkbox"/> Midget Minor (1992 or 1993 Birth Year)
<input type="checkbox"/> Midget Major (1990 or 1991 Birth Year) |
|--|--|

- High School Program (Freshman/Junior Varsity/High School)
 -What High School do you attend? _____
 -What Grade will you be in 2008-09? _____

I, _____, hereby present my child, _____, as a pre-registered member of the C.C.Y.H.A. for the 2008-09 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 2008-09 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)