

Kentwood Hockey & Skating Association Player Registration

A 501(c)(3) Charitable, Non-profit Youth Hockey Organization.

PLAYER INFORMATION - PLEASE PRINT - FULL LEGAL NAME REQUIRED (as it appears on the birth certificate).

Your completed registration form and non-refundable deposit, guarantee your child a space in the KHSA program you select below if received no later than March 30, 2009. Registrations received after April 1, 2009 will be accepted on a first come first serve basis as space is available. If space is not available you may request to be put on a waiting list.

BIRTHDATE: _____ School District: _____

LEGALNAME: _____ HOME PHONE NO.: _____
(First) (Initial) (Last)

ADDRESS: _____, MI _____
(Street) (City) (Zip Code)

(Father's Name) (Employer) (Work or Cell Phone No.)

(Mother's Name) (Employer) (Work or Cell Phone No.)

(Step-Parent if applicable) (Employer) (Work or Cell Phone No.)

**ALL NEW SKATERS MUST ATTACH A COPY OF THEIR COUNTY ISSUED BIRTH CERTIFICATE TO THIS FORM.
IMPORTANT: For your security blackout any parent's social security numbers on birth certificate**

KHSA Regular Member designation: List the name of the Parent or Guardian above who shall be designated the Regular Member entitled to notice and to vote at KHSA special and annual membership meetings.

_____ (Required)

2009-2010 PROGRAM INFORMATION & MEMBERSHIP FEES Identify the Program this Player will be in for the 2009-2010 Season

HOUSE (B) ADRAY DIVISIONS

		<u>Team Fee</u>	<u>Deposit</u>	<u>Balance</u>
____ MITE	Birth Year: 2001 & 2002	\$1,280.00	\$200.00	\$1,080.00
____ SQUIRT	Birth Year: 1999 & 2000	\$1,320.00	\$200.00	\$1,120.00
____ PEE WEE	Birth Year: 1997 & 1998	\$1,520.00	\$200.00	\$1,320.00
____ BANTAM	Birth Year: 1995 & 1996	\$1,680.00	\$200.00	\$1,480.00

**Please read the section entitled "FEES/PAYMENTS/REFUNDS" on the second page.*

JERSEY INFORMATION - KHSA will have the same Jersey for the 2009-10 Season as last year

____ YES, please order a set of Jerseys for the 2009-10 Season. The Jersey Size that my child needs is:

____ Youth L ____ Youth XL ____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult X-Large (Check One)

Number Request for 2009-10 Season _____ First Choice _____ Second Choice _____ Third Choice

____ NO, we don't need to order KHSA Jerseys as will be re-using our Jerseys from the 2008-09 season.

I will receive a \$200 Credit off of my 2009-10 skater Fee _____ Current Number on existing jersey

USA HOCKEY REGISTRATION

____ Yes I acknowledge that I am responsible for signing up and paying for USA Hockey & MAHA membership fees online. The 2009-10 season fees are \$30.00 for USA Hockey and \$5.00 for MAHA. Membership runs from May 1 through April 30 each year. Instructions are included in your registration packet. USA Hockey / MAHA fees are not included in the KHSA registration fees. Online registration begins on June 1, 2009 at www.usahockey.com and I will provide KHSA a copy of this proof of registration before September 1, 2009.

HOUSE "B" DRAFT REQUESTS

KHSA members may request special consideration for difficult/hardship situations for purposes of the House Draft. To formally request consideration, please send a written letter to KHSA Attn: Commissioner of Hockey and explaining your difficult/hardship situation. These written requests will be presented to the KHSA Board of Directors prior to the time of the team draft. KHSA will attempt to honor such request but are not obligated to do so if doing so would create inequities in the House Draft.

Date Due: September 1, 2009

Mail to: KHSA, 6670 Kalamazoo Ave. SE Ste. E #147 Kentwood, MI 49508.

COACHING INFORMATION

Are you interesting in Coaching? ___Y ___N Previous Coaching Experience: _____

A coaching application will be sent to you at the address on the front of this form, or you can obtain one at our website, www.kentwoodhockey.com If you have any questions regarding coaching, please contact the KHSA Commissioner of Hockey.

DEPOSIT PAYMENT INFORMATION

MAKE ALL CHECKS PAYABLE TO: KHSA MAIL REGISTRATIONS TO: KHSA 6670 Kalamazoo Ave. SE Ste. E #147 Kentwood, MI 49508.

Non-refundable registration deposit is due with registration and may be made by Check, Money order or Credit Card. Amount Paid: _____ Check Number: _____ or

Credit Card: ___ Visa/ ___ MasterCard Credit Card No.: _____ Expires: _____

Credit Card Authorization Signature: _____ (4% Convenience Fee Applies)

FEES/PAYMENTS/REFUNDS

All remaining fees are due and payable in full on or before September 1, 2009 unless the Installment plan is selected below. *Fees are subject to change without notice prior to September 1. All deposits are **non-refundable** but may be transferred for other KHSA programs. Pro-Rated Refunds will be granted per the KHSA Refund Policy which states After 9/1/09 25% of total yearly fee, After 10/1/09 50% of total yearly fee, After 11/1/09 75% of total yearly fee, After 12/1/09 100% of total yearly fee as stated in player contract. The KHSA Board has full jurisdiction as it relates to any possible refund.*

PAYMENT OPTIONS: (Select one)

One time payment in full

Check or Money Order: KHSA will invoice me in August 2009 for the remaining fee balance and I will mail KHSA a Check or Money Order with payment in full by September 1, 2009.

Visa or MasterCard: I authorize KHSA to charge the credit card listed below, for the remaining fee balance, by September 1, 2009. (4% Convenience Fee Applies)

___ Visa/ ___ MC# _____ Expires: _____ Signature: _____ Date: _____

Installments

Credit Card On File for Installments: Members will be allowed to send in each quarterly payment before the due date by check or KHSA will process the credit card listed below for the amount due on that date. The due dates for all installments to be initiated on or after 9/15/09 10/15/09, 11/15/09 & 1/15/10. ALL FEES MUST BE PAID BY JANUARY 31ST. **If any payment is late or declined a \$25 fee will be added. Players will not be permitted to skate if fees remain owed after each payment date. (4% Convenience Fee Applies)**

___ Visa ___ MC # _____ Expires: ___/___ Signature: _____ Date: _____

I agree to provide all of the required information, and I understand and agree to comply with all terms and conditions herein. I have read and understand the KHSA Code of Conduct and do hereby agree to comply with all of the Rules of Conduct. I consent to allow KHSA to communicate with me via e-mail at the address provided below.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

E-MAIL ADDRESS: _____