



Canton Amateur Hockey Association
 46615 Michigan Avenue, Canton MI 48188
 www.cantonhockey.org

2006-2007 FALL/WINTER HOCKEY REGISTRATION

Please complete both sides of this form. Your registration will not be processed without signatures and a check.

Player Last Name _____ Full First Name _____ MI _____

Address: _____ City: _____ Zip _____

Mother's Last Name: _____ Full First Name: _____ MI _____

Father's Last Name: _____ Full First Name: _____ MI _____

Home Phone:(_____) _____ Work phone:(_____) _____

Player's Birth date: ____/____/____ Cell Phone:(_____) _____

e-mail address: _____

Please circle the division your player will skate in for the 2006 - 2007 season:

<u>House Division</u>	<u>Birth Year</u>	<u>Travel Division</u>	<u>Birth Year</u>
		Mite A	1999
Mini Mites	2001 / 2000	Mite AA	1998
Mite B	1999 / 1998	Squirt A	1997
Squirt B	1997 / 1996	Squirt AA	1996
PeeWee B	1995 / 1994	PeeWee A	1995
Bantam B	1993 / 1992	PeeWee AA	1994
Midget B	1991 / 1990	Bantam A	1993
Midget BB	1989 / 7-1-1988	Bantam AA	1992
		Midget A	1991 / 1990
		Midget AA	1989 / 7-1-1988
		Girls U10	1996 & Under
		Girls U12	1994 & Under

C.A.H.A. Use Only **In District / Out of District**

Date Rec'd _____ Check No. _____ Check Amt _____ Verified By _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

C.A.H.A MEMBERSHIP AGREEMENT

Player Agreement

As a member of the Canton Amateur Hockey Association (C.A.H.A.), I, _____ agree to abide by, and be bound to, all rules and regulations of the C.A.H.A., the Michigan Amateur Hockey Association (M.A.H.A.), and USA Hockey. I will be an active participant in scheduled games, practices and team functions to the best of my ability. I understand that in accordance with C.A.H.A. rules, all dues and/or fees must be paid by the due date. Non-payment of any dues and/or fees will result in suspension from team participation and termination of all membership privileges. All dues and/or fees will be non-refundable.

Parent or Guardian Waiver

I, _____, the parent/guardian of the above applicant, give C.A.H.A. my consent to the membership agreement as outlined above. As an active member of C.A.H.A., I assume all risks and hazards associated with the sport of ice hockey and/or ice-skating, incidental or otherwise. This includes travel to and from scheduled team activities in addition to those activities directly or indirectly associated with team participation and on ice activities. Therefore, I waive, release, absolve, indemnify and agree to hold harmless the C.A.H.A., its officers, directors, sponsors, supervisors, coaches, assistant coaches, referees, representatives, governors, managers and other participants and persons associated with C.A.H.A., for any and all claims arising out of bodily injury, personal injury and/or property damage to my child, myself, and/or my family members.

In addition, I give C.A.H.A. and its representatives the right to arrange, obtain and approve any medical attention deemed necessary for the health and well being of the above applicant for injuries sustained during the C.A.H.A. event or activity. I understand and accept that I am responsible for any medical expenses not covered by my insurance provider.

I also agree to release, absolve, indemnify and hold harmless the Township of Canton for any and all injury sustained while on Township property (arena, parking area, buildings, etc.) while participating with C.A.H.A. in any event or activity. It is understood that C.A.H.A. is the lessee of the arena facilities and is not directed nor governed, nor part of the Township of Canton.

C.A.H.A. reserves the right to initiate a mandatory fundraising program and I agree to participate in such fundraiser(s). Non-participation in such programs will result in forfeiture of my child's membership with C.A.H.A.

Finally, I/We understand that the C.A.H.A. is a non-profit organization and operates on a pay to play arrangement with its membership. Therefore, I/We agree to pay all collection costs including attorney fees and court costs associated with the collection of all outstanding and overdue membership fees, ice fees, team fees and any other fees associated with membership in the C.A.H.A. throughout the 2006-2007 season.

By signing below you also agree to be bound by the USA Hockey S.T.A.R. program and the code of conduct implemented by this organization, as well as the C.A.H.A. Code of conduct. Both documents will be distributed to each player at the beginning of the fall season and participation in any and all C.A.H.A. events requires the signature of both parents or guardians and the player.

I/We have read this agreement and waiver in its entirety and accept and agree to all of the terms and conditions stated herein.

Date: _____ Player Signature: _____

Date: _____ Parent/Guardian Signature: _____

Include with this form a NON-REFUNDABLE Registration Fee made payable to C.A.H.A. for:

\$150.00 for Canton Residents

\$170.00 for Non-Residents

\$25 discount for additional siblings after first paid registration

Please print players first and last name on check

There will be a \$25 fee for all returned checks

***Registration fee is only refundable if C.A.H.A. is unable to place applicant on a team**

PLEASE COMPLETE BOTH SIDES OF THIS FORM