



Maranacook Area Youth Hockey Association (MAYHA)

Player Registration Form

MAYHA USE	
CK#CASH:	_____
AMT PAID:	_____
DATE PAID:	_____
BY:	_____

Please complete the information below to register your child(ren). One form per family. **New** players to MAYHA must supply a **photocopy** of their birth certificate for age verification per USA Hockey rules. **PLEASE PRINT CLEARLY.**

PLAYER	Date of Birth	Gender (circle)	Team	Tuition	USA Hockey #
		M or F		\$	
		M or F		\$	
		M or F		\$	
		M or F		\$	

Parent / Guardian Full Name	
Home Phone	
Work Phone	
Cell Phone	
Text Messages	YES or NO
Email	
Street Address	
City, State, Zip Code	

Parent / Guardian Full Name	
Home Phone	
Work Phone	
Cell Phone	
Text Messages	YES or NO
Email	
Street Address	
City, State, Zip Code	

Image Use Consent: From time to time MAYHA may publish pictures of your child on our website and literature. Our usage will be strictly for promotional purposes and you will not receive compensation for this usage.

May we publish images of your child? YES or NO

May we include your child's name as part of a publication? YES or NO

Fees and Payment: Tuition and fees are set annually by the MAYHA Board. 50% of total tuition is due at time of registration. Remaining balance is due by December 31st. No postdated checks will be accepted. Returned check / NSF fee is \$30. MAYHA accepts cash, check. Sibling Discount: \$100 discount for each additional immediate family (2nd, 3rd, 4th child) tuition. No refunds will be given.

Initial to acknowledge: _____

I hereby consent to allow my child(ren) to play ice hockey with MAYHA and accept responsibility for full payment of tuition and fees.

Parent/Guardian

PRINT FULL NAME

SIGNATURE

DATE

REV 9/16