



South Anchorage Hockey Association  
 11111 O'Malley Centre Drive  
 Anchorage, Alaska 99515  
 Phone: 907-336-7242  
[www.southanchoragehockey.org](http://www.southanchoragehockey.org)

Player's Date of Birth: \_\_\_\_\_  
 (month) (day) (year)

**Recreation Program**      2020/2021 USA Hockey Number \_\_\_\_\_

Player's Legal Name: \_\_\_\_\_  
 (Legal Last Name) (Legal First Name) M.I.

Parent/Guardian #1: _____ (Last) (First)	Parent/Guardian #2: _____ (Last) (First)
Address: _____	Address: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone (H/W/C): _____	Phone (H/W/C): _____
Email: _____	Email: _____
<input type="checkbox"/> Check if this is player's primary address	<input type="checkbox"/> Check if this is player's primary address

Emergency Contact (other than parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

*If the player is new to the SAHA program – a birth certificate is required for review at registration.*

**Association Played For Last Season:** \_\_\_\_\_ **Age / Division:** \_\_\_\_\_ **Tier:** \_\_\_\_\_ **Position:** \_\_\_\_\_

As a condition of my child's participation in the 2020-2021 SAHA hockey program, I, as the authorized parent/guardian, agree to the following:

1. My player and I will abide by all SAHA rules and regulations.
2. As parent/guardian of the player, I hereby give approval for my child to participate in any and all SAHA activities.
3. As parent/guardian of the player, I accept financial responsibility for all payments due to SAHA for my child's participation in the program.
4. I do hereby waive, release, absolve, indemnify and agree to hold harmless SAHA, USA Hockey, the organizers, sponsors, supervisors, coaches, participants, and persons transporting my child to and from SAHA activities, for any claim arising out of an injury or illness, whether the result of gross negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.
5. Any injury sustained in the course of participation in the SAHA program will be immediately reported by my player to the coach.
6. Except as noted on the medical release form, I warrant that my child is in good health, and is fully able to participate in the program. All allergies or other pertinent physical/medical information is listed on the medical release form. I confirm that I have completed the SAHA Wellness Form and will abide by the necessary protocols.
7. A \$25 NSF fee will be charged for all returned checks. If my check is returned, my player will be withdrawn from SAHA until all fees are paid in full.
8. I understand SAHA fees are due on the dates stated below, regardless of whether or not I have received a statement.
9. Any unpaid accounts will be turned over to a collection agency, and notification will be sent to the Alaska State Hockey Association.
10. **I understand that a deposit is required at registration and that ALL SAHA FEES ARE NON-REFUNDABLE. NO EXCEPTIONS.**
11. **I understand if SAHA decides to hold a program-wide SAHA fundraiser that we are required to participate as determined by SAHA.**
12. I understand additional fees may be required to be collected on a team basis and I will pay those fees.
13. I understand that I need to register with USA Hockey and provide the confirmation code to SAHA when registering my child.
14. **I understand that when I register to play with SAHA, I am responsible for all Registration Fees and understand there is no refund for a partial season.**

<b>PLEASE CIRCLE DIVISION:</b>		6U	8U	10U-12U-14U
		<u>Due Dates</u>	<u>Super Heroes</u>	<u>Mites</u>
6U Super Heroes	2014-2016	Deposit	\$400	\$425
8U MITES (Red-White)	2012-2013	Oct. 1, 2020	\$400	\$425
10U SQUIRTS	2010-2011	Nov. 1, 2020		\$425
12U PEEWEES	2008-2009	Dec. 1, 2020		\$600
14U BANTAMS	2006-2007	SEASON TOTAL	\$800 **	\$1275 **
				\$2400**

**\*\*Fees include a 907 Pro Shop Skate Sharpening Card good for the 2020-2021 Season for all Players.**  
**Players in the 6U/8U will receive a SAHA Sweatshirt; 10U/12U/14U will receive a SAHA sweatshirt and hockey bag.**  
**8U Players chosen to play on an 8U Red team will be charged an additional \$225.**

**I have read and agree to the above items 1 – 14 and understand that All Fees Are Non-Refundable.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Name of Parent/Guardian: \_\_\_\_\_

SAHA Use Only: Date Received: _____	Amount: \$ _____	Check # _____	Cash: \$ _____
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# South Anchorage Hockey Association Player Wellness & COVID Protocols



If the player being registered is unable to agree with all of the following protocols and confirm player wellness, please contact Keith Morris @ 907-229-0268 or Dane Smulick @ 907-980-7626, for questions.

- The player being registered for SAHA Recreation Hockey Program has not exhibited any of the following symptoms: Fever, dry cough, fatigue, muscle or body aches.
- No member of the player's family or anyone in the household is exhibiting any of the above listed symptoms. The player has not traveled outside the State of Alaska within the past 14 days and no member of the household has traveled outside the state of Alaska in the past 14 days. If travel outside of Alaska occurs by player or family, player will adhere to local mandates requiring COVID testing or 14 day quarantine before participating in SAHA Recreation Hockey Program activities.
- I acknowledge and agree that the COVID-19 Virus is present in Anchorage Alaska and with such knowledge, voluntarily agree for my Player to participate in SAHA Recreation Hockey Program and enter the scheduled facilities. I agree to abide by the terms of the Facility COVID-19 Management Plan, AND I willingly waive and surrender any and all claims against South Anchorage Hockey Association, its coaches, staff, and other players or spectators for sickness, bodily injury or death and all other damages that could or may arise as a result of exposure to the COVID VIRUS OR OTHER VIRUS contagion while participating in SAHA Recreation Hockey Program scheduled activities.
- For all players participating in the 2020-2021 SAHA Recreation Hockey Program, the following guidelines have been put in place in order to protect the players, coaches, and hockey families while required by municipal mandates and facility protocol.
  - \* Follow posted "Enter" and "Exit" signs as provided by the Facility.
  - \* Players MUST home/car dress (except skates).
  - \* Chairs will be provided in the lobby to put on skates.
  - \* Locker Rooms will NOT BE AVAILABLE.
  - \* Players must bring their own labeled water bottle.
  - \* Face masks should be worn inside the Facility until players enter the ice rink.
  - \* Players will need to enter the ice using the designated door in a single file line while maintaining 6 feet separation, if possible.
  - \* Players shall maintain 10 feet separation while on the ice.
  - \* Parents and Spectators will not be permitted until allowed by local mandates.
- The player and parent, acknowledge and agree to the above guidelines while participating in the 2020-2021 SAHA Recreation Hockey Program and understand that failure to adhere to any of the above requirements may result in having to leave the program.

**Parent** Signature: \_\_\_\_\_ Parent Printed: \_\_\_\_\_

**Player** Signature: \_\_\_\_\_ Player Printed: \_\_\_\_\_