



OPEN SKATE PASS

Monroe Youth Hockey Association is a nonprofit organization that depends on community support to offer a well-balanced, competitive hockey program and public skating opportunities.

Adult's Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Emergency Name: _____ Emergency Phone: _____

***Members are defined as families that are registered with MYHA and participate in our DIBS program.**

- | | |
|--|---|
| <input type="checkbox"/> Family Pass (Non-Member) \$110 | <input type="checkbox"/> Individual Pass (Non-Member) \$60 |
| <input type="checkbox"/> Family Pass (Member) \$90 | <input type="checkbox"/> Individual Pass (Member) \$30 |

First Name	Last Name	Relationship	Date of Birth	Age
1. (Adult)				Adult
2. (Adult)				Adult
3. (Child)				
4. (Child)				
5. (Child)				
6. (Child)				
Add'l family \$10				
Add'l family \$10				

***The definition of a family is 2 adults and 4 children living at the same address year-round. Other relatives such as grandparents, nieces, nephews, aunts & uncles must purchase their own season pass. I have read the above and understand the definition of a family pass and the names I have listed qualify for the family pass.**

Signed: _____ **Date:** _____

***I hereby register myself/my child and family to participate in open skate. In granting permission, I recognize that such activity may be hazardous and injury may occur as a result of participation. Therefore, I agree to release the Monroe Youth Hockey Association from liability as a result of accidents incurred while participating in open skate.**

Signed: _____ **Date:** _____

Method of Payment: ☐ Cash ☐ Check ☐ Credit Card Total: _____