

Becker Big Lake Youth Hockey Registration

PLAYER LEVEL - Squirts

2011-2012 Season

www.beckerbiglakehockey.com

Registration Schedule

August 7 th	6 PM – 9PM	Gily's Bar, Becker
August 11 th	6 PM – 9 PM	The Friendly Buffalo, Big Lake

Need help? Visit: www.beckerbiglakehockey.com, under Registration

Complete your registration as follows...

First, go to www.usahockey.com and complete the following steps to register your player with USA Hockey:

1. Click on Players, then Register Online
2. Choose the member type (Player or Coach)
3. Check the box that acknowledges that YOU (the person completing the registration) are 18 years of age or older
4. Follow the prompts to fill in the data. **Please enter the player's name EXACTLY as it appears on their birth certificate.**
5. Process the payment - Visa, Master Card, Discover, or American Express. Each participant will pay the USA Hockey registration fee of \$30 and Affiliate Fee (for Minnesota Hockey) of \$10. The FEE is waived for those players 6 years of age and under (birth year 2004), though the USA Hockey registration process still must be completed to get the USA Hockey Registration Confirmation page.
6. Print the confirmation page and bring that along with the BBLYHA forms to our local registration sessions. At registration, you may make **one** payment to BBLYHA for registration and volunteer fees and must present the USA Hockey registration confirmation.

*Please refer to the BBLYHA handbook for details on the volunteer process.

The following documents must be completed in order for participation in any on ice activities:

- Include a copy of a government issued BIRTH CERTIFICATE
 - (1st time players with BBLYHA ONLY)
- USA Hockey receipt form with confirmation # (required to register with BBLYHA)
- Complete the **CONSENT TO TREAT FORM, REGISTRATION FORM & CODE OF CONDUCT**

Evaluation dates are set as follows (Termites do not need to attend evaluations, all other levels do):

- Saturday, September 24th, and Sunday, September 25th, at Moose Sherritt Ice Arena in Monticello
- YOU MUST PARTICIPATE ON BOTH DAYS TO QUALIFY FOR AN UPPER LEVEL TEAM.
- Please check the website (www.beckerbiglakehockey.com) for other details and evaluation times for each level as that information becomes available.

A late fee of \$50 will be charged to all registrations received outside of the set registration dates.



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* USE SEPARATE REGISTRATION FORM FOR EACH PLAYER, MAKE ADDITIONAL COPIES IF NECESSARY

*****Please make sure you pre-register on www.usahockey.com*****

Participant Information: (information must match the participant's birth certificate)

Last Name: _____ First Name: _____
 Middle Name: _____ Date of Birth: _____ Gender: _____

Primary Residence:

Address: _____ City: _____ State: MN Zip: _____

Parent 1 Information: (Email will be used as a source of communications during the season)

Last Name: _____ First Name: _____ Relationship: _____
 Email Address (please print clearly): _____
 Primary Phone: _____ Secondary Phone: _____

Parent 2 Information:

Last Name: _____ First Name: _____ Relationship: _____
 Email Address (please print clearly): _____
 Primary Phone: _____ Secondary Phone: _____

Are you interested in coaching? Yes No

Team Sock size (circle one) Youth Intermediate Adult

Level	DOB Range	Registration	ICE	*Fundraiser	*Volunteer	Equipment	Total	Start date
Squirts	7/1/00 thru 6/30/02	\$120	\$500	\$150.00	\$100.00	\$50.00	\$920.00	September

Season fees will be billed to you in four equal amounts on October 1st, November 1st, December 1st, and January 1st.

Minimum due at registration: Registration fee + fundraising fee*, the remaining balance may be billed.

*Fundraiser and volunteer fee is a per family charge. The fundraiser fee indicated is the charge to opt out of the BBLYHA fundraiser with Club's Choice.

** 50% discount off ice fee for goalies who provide their own equipment. Must make the team as a goalie. Limited to 2 goalies per team.

I hereby certify that the above address is the player's primary place of residence and it is within the BBLYHA district boundaries. I give BBLYHA the right to immediately suspend my child's participation if it is found that the player has primary residence outside the BBLYHA district. I understand I am responsible for payment of all fees stated above.

I have read and understand all the information within this form and set forth in the BBLYHA policies and procedures manual. I give permission to BBLYHA to release my personal information to other hockey organizations for the purpose of providing me with clinic/league opportunities. (Please X one of the following) yes no

 Parent or Legal Guardian Signature

 Date