

REGISTRATION RECEIPT DEADLINE (not postmark) is: 5:00 p.m. WEDNESDAY, MARCH 10

2010 ALEXANDRIA HOCKEY SPRING LEAGUE REGISTRATION FORM

Teams will be picked at, or after, 5:00 p.m. on March 10 based on the players whose registrations and payments have been received at that time. Registrations received via mail or in AAHA office door after 5:00 p.m on March 10, will only be accepted if there is a spot available AND WILL BE CHARGED A \$25 LATE FEE WITHOUT EXCEPTION.

Age groupings for the Spring League:

2010 Spring League	Bantam	Pee Wee / U12G	Squirt / U10G	Mite / U08G	Mini-Mite / U6G
Born after-	June 30, 1994	June 30, 1997	June 30, 1999	June 30, 2001	June 30, 2003
-and before	July 1, 1997	July 1, 1999	July 1, 2001	July 1, 2003	July 1, 2005
OR currently be in grade:	Grades 7-9	Grades 5-6	Grades 3-4	Grades 1-2	Grades Pre-K
League Fee	\$ 69	\$ 69	\$ 69	\$30	\$30

General days/ice times for leagues are pending the outcomes of hockey teams still competing: Available online by March 10.

Team Assignments and specific game schedules for each team will be posted online March 13

Player's Name: _____ Email: _____

Birthdate: _____ Age: _____ Level by Chart Above: _____

Phone 1: _____ Phone 2: _____ Parent(s): _____

I realize that in hockey there is an inherent risk of minor and/or major injuries. I understand that it is my responsibility to assess and monitor the level of safety of all conditions of the spring league and its execution. If I deem those conditions to not be safe then I will remove my player from the league, and report my assessment to the coach on duty as well as to the Alexandria Hockey Association. I hereby release the City of Alexandria, the Ruriestone Community Center, the Alexandria Area Hockey Association, its coaches, players and players' families from all liability for any injuries, as well as any costs stemming from injuries that my child may incur as a participant in the spring league. I accept all financial responsibility for covering my child's medical costs and any other costs stemming from said injuries through my own means and/or through insurance under the following medical insurance policy:

Ins. Co. _____ Policy # _____ Primary Insured: _____

I realize that the AAHA Spring League is NOT sanctioned or registered by or through USA Hockey and therefore insurance coverage that was provided to my player as a registered USA hockey player during the regular season IS NOT IN EFFECT FOR PLAYERS IN THIS LEAGUE.

By signing this form, I signify that I understand and accept all terms and conditions explained on this page.

Signature of Legal Parent / Guardian

Date Signed

Please put this form and a check for the appropriate amount made out to "AAHA" in the AAHA office door at the arena, or mail this signed form, and the check for the appropriate amount to:

AAHA
Attn: Spring League
P.O. Box 592
Alexandria, MN 56308

AAHA notes only: