



LAPEER COUNTY HOCKEY ASSOCIATION



8 & UNDER CROSS ICE REGISTRATION 2018-19

SPECIAL PRICING: \$99 First Season/ \$199 for Returning Players

Last Name: _____ First: _____ Middle: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Alternate Phone: _____
 Email: _____ Date of Birth: _____
 Father/Guardian Name: _____
 Mother/Guardian Name: _____

CROSSICE PROGRAM

Birht Years: 2010-2014
Program Fee: \$99 / \$199 (\$50 due at registration)
USA Hockey Membership: \$45 (Free for 2012 and later birth years)

You MUST register for USAH membership online at usahockey.com Attach USAH confirmation to this form.

Program Description: Ice is divided for all games and practices. 40 sheets of ice tentatively scheduled.

LAPEER COUNTY HOCKEY ASSOCIATION AUTOMATIC PAYMENT FORM

The LCHA offers an automatic payment program and encourages all participants to take advantage. The payment amount for 8 & Under Cross Ice is a one time payment of \$49. Your payment will be charged to your credit or debit card (Mastercard or Visa) on the 15th of September. Your participation in this program does not entitle the LCHA to charge or withdraw payments for one time fees such as registration or other fees. Your automatic payment will begin with your next payment due.

PAYMENT PLAN - CREDIT/DEBIT

Cross Ice (2-4 payments \$50)

Credit/Debit Card Type: VISA Mastercard
 Credit/Debit card number: _____ Exp. Date: _____
 Name as it appears on card: _____ CC 3-Digit: _____ Zip Code: _____

STATEMENT OF UNDERSTANDING AND LIABILITY/AUTOMATIC PAYMENT AUTHORIZATION

Having read all the presented information herewithin, it is agreed that said player will participate in the 2018-19 season or until released by the Association according to the guidelines set forth by the LCHA and in accordnace with MAHA rulings. We understand these guidelines and agree to pay the appropriate registration and monthly ice fees as established by the LCHA. We also understand that all fees apply even if absent due to injury, sickness, and are not refundable. Furthermore, we understand that if said ice bills are not kept current, LCHA will prohibit the player from from playing or practicing until all bills are brought current. We acknowledge that the risk of injury from hockey is significant, including the potential for permanent paralysis and death. By participating, we knowingly assume all such risks, both known and unknown even it arising as a player, participant or spectator. We voluntarily and knowingly recognize, accept, and assess the risk and release Lapeer County Hockey Association, Polar Palace Area Complex, its sponsors, event organizers, and officials from liability. Also, if I choose the above automatic payment plan, I hereby authorize the Lapeer COunty Hockey Association or its agents to initiate debit entries for the amount of the recurring hockey monthly payment plan. The LCHA is authorized to continue debiting this account until such time as I notify the LCHA in writing to cancel this automatic payment option. I understand a \$25 late fee will be accessed for all payments not made on time. I have read and agree to all of the information herewithin:

Signature of responsible parent: _____ Dated: _____
 Print Name: _____

CONTACT TREASURER ANGIE SCHMITT WITH PAYMENT QUESTIONS: 810-516-5843