



South Anchorage Hockey Association
 11111 O'Malley Centre Drive
 Anchorage, Alaska 99515
 Phone: 907-336-7242
www.southanchoragehockey.org

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

Recreation Program 2021/2022 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 2021-2022 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 If my check is returned, my player will be withdrawn from SAHA until all fees are paid in full.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.**

PLEASE CIRCLE DIVISION:	6U	8U	10U-12U-14U-16U
	Super Heroes	Mites	Squirt thru Midget
6U Super Heroes 2015-2017	\$400	\$425	\$600
8U MITES (Red-White) 2013-2014	\$400	\$425	\$600
10U SQUIRTS 2011-2012		\$425	\$600
12U PEEWEES 2009-2010			\$600
14U BANTAMS 2007-2008			
16U MIDGETS 2005-2006			
	SEASON TOTAL	\$800 **	\$1275 **
			\$2400**

****Fees include a 907 Pro Shop Skate Sharpening Card good for the 2021-2022 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 at a later date.

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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