



Roxbury Youth Ice Hockey Association (RYIHA)

2009 Fall Season Registration

PLAY ICE HOCKEY FOR ROXBURY



- Practices start week of Sept 15
- Oct to Feb – Practices and games
- March – Practices and playoffs
- 1-3 practices, 1-2 games per week
- Mites registration fee \$600
- Squirt/Peewee/Bantam \$1150
- Goalies \$960
- Per Diem \$125 – First 5 slots
- USA Hockey Registration \$40*



*Players must register directly with USA Hockey unless already registered on another USA Hockey team for the 09/10 season.

Sign-up for a Roxbury Ice Hockey Team today!

Player's Last Name

First Name

Street Address

City

State

Zip

Parent/Guardian Name(s)

Home Phone

Cell Phone

Email

Date of Birth (MM/DD/YY)

Squad (Check One Based On Birth Year)

<input type="checkbox"/> Mite (2001-Under)	<input type="checkbox"/> Squirt (1999-2000)	<input type="checkbox"/> Peewee (1997-98)	<input type="checkbox"/> Bantam (1995-96)
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Player Position (Check Applicable Boxes) Jersey

<input type="checkbox"/> Forward	<input type="checkbox"/> Defense	<input type="checkbox"/> Goalie
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Number

<input type="text"/>	or	<input type="text"/>
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Status (Check One)

<input type="checkbox"/> Full Time	<input type="checkbox"/> Per Diem
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Fee

Amount Due

Paid

Payment Type (Check One)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
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As player and parent/guardian, we have read and understand this entire registration form. We have also, to the best of our knowledge, completed the information required by this form accurately and honestly. We understand that failure to comply with any stipulation in this form, as well as with USA Hockey (USAH) Official Rules and Guidelines, and the operating requirements of facilities where we will meet and conduct activities, may result in the player being dismissed from a specific event or the program without refund. We also assume responsibility to know the USAH rule book, and accept Roxbury Youth Ice Hockey Association and Morris County Youth Hockey League's "Zero Tolerance" for misconduct as defined by USAH.

Player's Signature

Date

Parent/Guardian's Signature

Date

Fax This Form
Beth Percevault
(F) 973.770.0840

Email This Form
bpercevault@roxbury.org Parent

Bring This Form
s Meeting
Sep 9th, 7:00 PM, Aspen Ice

Visit Our Website <http://roxburyyouthicehockey.com>

Mail This Form
RYIHA
PO Box 513
Succasunna, NJ 07876