



USA HOCKEY INDIVIDUAL MEMBERSHIP REGISTRATION

2007-08

PARTICIPANT INFORMATION

<input type="checkbox"/> PLAYER	<input type="checkbox"/> COACH	DATE: _____
<input type="checkbox"/> PLAYER, PREVIOUSLY REGISTERED THIS SEASON	<input type="checkbox"/> COACH, PREVIOUSLY REGISTERED THIS SEASON	REC'D BY: _____ <small>Local Program Use Only</small>

LAST	FIRST	MI
NAME		
MAILING ADDRESS	DATE OF BIRTH	MO. DAY YEAR
CITY	STATE	ZIP CODE
E-MAIL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
AREA CODE	AREA CODE	IF NO, WHAT COUNTRY? _____
PRIMARY TELEPHONE	SECONDARY TELEPHONE	

PLEASE READ WAIVER OF LIABILITY AND RELEASE AGREEMENT ON BACK OF THIS FORM

PARTICIPANT* OR PARENT/GUARDIAN SIGNATURE

**If over 17 years of age, otherwise parent/guardian must sign.*

Insurance coverage is provided to all **REGISTERED** coaches, players and managers and includes general liability, catastrophic medical and participant (excess) accident, subject to the exclusions, limitations, deductibles and terms of USA Hockey's insurance policies. Remember, these insurance coverages are in effect while participating on a USA Hockey **REGISTERED** team during and in a USA Hockey **SANCTIONED** event.

THIS FORM MUST BE RECEIVED BY YOUR USA HOCKEY DISTRICT REGISTRAR OR HIS/HER DESIGNEE BEFORE YOUR USA HOCKEY INSURANCE WILL BE IN EFFECT.

REGISTRATION EXPIRES AUGUST 31, 2008.

1 - REGISTRAR



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