

PLAYER INFORMATION – Please Attach MAHA Registration Confirmation to this form

Name (Last) _____ (First) _____ (Middle) _____

Address: _____ City: _____ Zip Code _____

Phone Number (home) _____ (parent work phone – whose number?) _____

Date of Birth ____/____/____ Age _____ Sex ____ M / ____ F

E-mail Address _____ @ _____

USA Citizen: ____ Yes ____ No If No, Citizen of what country _____

Ice Hockey Experience: ____ None ____ Played on Team Number of Years _____

Are there any medical or other conditions that the Coach should know about the player? **Yes No**

If yes, please explain _____

PARENT/GUARDIAN INFORMATION

Name _____ Work Phone _____

Name _____ Work Phone _____

WAIVER/MEDICAL RELEASE

I/we certify that _____ (*players name*) possesses proper insurance for protection against injury claims which may result from AHAMP sanctioned activities. I/we further certify that approval is given for participation in all of the League's activities during the current hockey season. I/we assume all risks and hazards incidental to such participation and hereby waive, release, absolve, and agree to hold harmless the Amateur Hockey Association of Mt. Pleasant, the organizers, sponsors, league officials, coaches, supervisors, and participants from any claim arising out of any injury except to the extent covered by medical or liability insurance. I/we certify that the above player is in good physical condition and is physically qualified to compete in the contact sport and that the information given above is true and correct. I/we and our player agree to abide by the rules of USA Hockey, Michigan Amateur Hockey Association and the Amateur Hockey Association of Mt. Pleasant.

SIGNED: (Parent/Guardian) _____ **Date** ____/____/____

PLAYER PLACEMENT (Please check appropriate division)

I/We request our player be placed in: ____ ADM 6U ____ ADM 8U
____ Squirts ____ PeeWee ____ Bantams ____ Midgets

**TO COMPLETE THIS REGISTRATION, WE MUST RECEIVE A COPY OF THE PLAYER'S
CERTIFICATE OF BIRTH, IF NEW TO THE AHAMP ASSOCIATION
(Hospital/Baptism records are not accepted)**

This registration form shall also constitute the application of the player and the player's immediate family for membership in the Amateur Hockey Association of Mt. Pleasant.

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MAIL THIS REGISTRATION FORM AND YOUR INITIAL PAYMENT TO:

AHAMP
c/o Registrar
P O Box 1203
Mt Pleasant, MI 48858

OR

AHAMP
1632 E. Gaylord
Mt. Pleasant, MI 48858

We also accept VISA & MASTERCARD for your convenience

Card Holder Name _____ Card Type _____

Card Number _____ Expiration _____

Payment Amount _____

I AUTHORIZE **AHAMP** TO CHARGE MY CREDIT CARD FOR THE AMOUNT I HAVE DESIGNATED ABOVE AS THE "PAYMENT AMOUNT"

(signature)

Please charge my account for the remaining monthly amounts _____ Yes _____ No

If using a credit card for the first session of the Mini-Mite program, do you want your card charged for the second session, if playing? _____ Yes _____ NO

Signature

No skater will be allowed on the ice until the registration form and **initial payment** has been received. Any skater with a past due balance from the previous year will not be allowed to participate until all financial obligations are met.