



USA HOCKEY TEAM MEMBERSHIP APPLICATION

(Please type or print all information)

M 208804
2007
R POST SEASON

FILL IN THIS APPLICATION COMPLETELY, SIGN AND SEND ALL FOUR COPIES WITH THE MEMBERSHIP FEE TO YOUR DISTRICT REGISTRAR/ASSOCIATE REGISTRAR. CORRECT AND COMPLETE MAILING ADDRESS IS VERY IMPORTANT TO ENSURE CORRESPONDENCE WITH YOU.

CLASSIFICATION

TEAM TYPE

- Tier I
- Tier II
- House/Recreational

YOUTH

- 18-Under (Midget)
- 18-Under (Midget) - non-check
- 16-Under (Midget)
- 16-Under (Midget) - non-check
- 14-Under (Bantam)
- 14-Under (Bantam) - non-check
- 12-Under (Pee Wee)
- 12-Under (Pee Wee) - non-check
- 10-Under (Squirt)
- 8-Under (Mite)
- Skill Development Program

GIRLS/WOMEN

- Women's Adult A
- Women's Adult B
- Women's Adult C
- Girls 19-Under
- Girls 16-Under
- Girls 14-Under
- Girls 12-Under
- Girls 10-Under
- Girls 8-Under

HIGH SCHOOL/COLLEGE

- High School
- Girls' High School
- College
- Women's College

JUNIOR

- A
- B
- C

ADULT

- Elite
- U.S.
- No-Check
- No-Check Over 30
- No-Check Over 35
- No-Check Over 40

DISABLED HOCKEY

- Sled Adult
- Sled Youth
- Special
- Amputee
- Hearing Impaired

USA HOCKEY TEAM FEE: WAHA

*Affiliate Fee \$ 25.00

*Consult your Registrar/Associate Registrar for the appropriate dues/fees.

It is agreed that if this application is accepted, the teams will abide by the Rules and Regulations of USA Hockey.

Team Name: _____

Association Name: _____

Association ID #: _____

HEAD COACH

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

CEP Level Achieved: Master Advanced Intermediate Associate

ASSISTANT COACH

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

CEP Level Achieved: Master Advanced Intermediate Associate

ASSISTANT COACH

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

CEP Level Achieved: Master Advanced Intermediate Associate

TEAM REPRESENTATIVE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date of Birth: ____/____/____

CEP Level Achieved: Master Advanced Intermediate Associate

Please note that team is not registered until this form is received by your USA Hockey District Registrar or Associate Registrar. It is important to report any injuries requiring hospitalization to your District Risk Manager within 24 hours of occurrence.

THIS TEAM IS A REGISTERED MEMBER OF USA HOCKEY FOR THE
_____ **SEASON.**

DISTRICT REGISTRAR

(Not valid unless signed by District Registrar or Associate Registrar)

DATE SIGNED