

**2010/2011 Season
Registration Form**

Trying out for:

Mite/Mighty Mite _____ 2002-2005 Squirt _____ 2000-2001 Pee Wee _____ 1998-1999 Bantam _____ 1996-1997 Midget U16 _____ 1994-1995

Player's Name: _____

Address: _____

Birthday ____/____/____

Home Phone: _____

Parents' Names: _____

Cell Phone: _____

Previous Organization Played: _____

Fax: _____

Release attached? _____ yes _____ no

Email: _____

Previous Level Played: _____

Previous Position Played: _____

USA Hockey Member: _____ yes ____ no
Card #

To purchase insurance make check _____
payable to CCHC, Inc. for \$33. Check #

Tryout fee enclosed (\$125.00 if postmarked prior to 3/25/10): \$_____

To be completed once asked to join the Capitals:

Commitment: _____
Parent Signature Date Player Signature Date

My child and I are committing to the Clarkstown Capitals Hockey Club, Inc. by paying ½ the tuition in April and the balance at the organizational meeting in September 2010. In the event of a suspension or expulsion from CCHC at any time as a result of a rules or ethics violation (as defined in our Guidebook and Code of Conduct forms), or if for any other reason I withdraw, I am still responsible to pay the full tuition, no refunds will be made.

To be filled out by CCHC, Inc. Official:

\$125/\$175 Tryout Fee paid: Amount _____ Check # _____ Cash _____ Date _____

1\2 Tuition paid: Amount _____ Check # _____ Cash _____ Date _____