



## ROXBURY YOUTH ICE HOCKEY ASSOCIATION

2017 - 2018 REGISTRATION FORM

Mailing Address: RYIHA, PO Box 513, Succasunna, NJ 07876

Players Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_ USA Hockey#: \_\_\_\_\_

**(Please attach a copy of your players 2017-2018 USA Hockey Receipt to this form)**

Jersey Number: 1st choice: \_\_\_\_ 2nd Choice: \_\_\_\_ Full Time: \_\_\_\_ Per Diem: \_\_\_\_

**Cost per player: \$1400 (approximate). Cost per Mite Player: \$1100 (approximate)  
Per Diem Travel Player \$30.00 per game / \$20.00 Practice - \$120 deposit required**

Registration deadline is June 30, 2017. A deposit of \$400 is due with this registration form. Payment schedule will be as follows: \$400 due August 15, \$400 (or balance for mites) due September 15, balance due December 1. Players with unpaid balances from 2016/2017 season **WILL NOT** be permitted to register until their outstanding balance is paid in full. Final balances may increase or decrease slightly depending on enrollment numbers. The prices given are based on last year's numbers.

I have received, read and agree to adhere to the USA Hockey Code of Conduct. I understand the costs involved with contract and agree to pay RYIHA in full for my son/daughter to participate in the 2017-2018 Ice Hockey season.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date \_\_\_\_\_