

Tompkins Girls Hockey Association TGHA Registration 2008-09

To register, bring this form along with fee payment, a copy of your on-line USAH registration confirmation, and completed USAH forms Consent to Treat and Player Code of Conduct, and TGHA Parent Code of Conduct.

Please PRINT

Player Name _____ Date of Birth _____

Player's Address _____

Player's Home Phone _____ Player's Cell Phone _____

Player's email _____

Do you want your player's contact information in the TGHA Directory? Yes No

Indicate Team Preference

___ Initiation -- Indicate Level *For Initiation, please circle jersey size S M L XL*

___ *Full-time (Mon & Thur, Oct-Mar)*

___ *Half-time (either ___ 2 days/week Oct-Dec or ___ 1 day/week, Oct-Mar circle Mon or Thur)*

___ *Half-time for half-season (1 day/week, Oct-Dec, circle Mon or Thur)*

___ House *For House, please circle jersey size S M L XL*

___ Recreation

___ Travel (see team formation guidelines)

Team preference ___ 12U ___ 14U ___ 16U ___ 19U

Travel team by birthdate ___ 12U ___ 14U ___ 16U ___ 19U

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

TGHA is supported by volunteer effort. There are many opportunities for you to get involved and your assistance is important and greatly appreciated. Let us know if you are willing to lend your expertise, ideas, and energy to ___ coaching, ___ fundraising, ___ communications, ___ tournament planning, ___ serving on the Board, or ___ other opportunities. Thank you!

Registrar Use Only Program Fee Due _____

Payment

Date _____ Check# _____ Amt Fee _____ Amt Formation _____ Total Paid Fee _____

Date _____ Check# _____ Amt Fee _____ Paid Format _____

Date _____ Cash _____ Amt Fee _____ Amt Formation _____

FA _____

Forms

___ USAH On-line Registration Date _____ Confirmation # _____

___ USAH Consent to Treat

___ USAH Code of Conduct

___ TGHA Parent Code of Conduct