



CAPE FEAR YOUTH HOCKEY ASSOCIATION

2010-2011 REGISTRATION COVER SHEET

Level: _____ Date of Birth: _____

Player Name: _____

Dad's Name: _____ Mom's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address 1: _____

Email Address 2: _____

Email Address 3: _____

Do you want emails sent to certain (specify) **1 2 3** address _____ or **ALL**

List Phone Numbers in order of Best Contact First (Type: Mom's Cell, Kid's Cell, Home, Dad's Office, etc)

Phone Type: _____ Phone Number 1: _____

Phone Type: _____ Phone Number 2: _____

Phone Type: _____ Phone Number 3: _____

Phone Type: _____ Phone Number 4: _____

Do Not Type Below - Manager or Board Use Only:

USA Hockey Member _____ Pmt _____

Birth Certificate _____

Jersey Order _____

Online Forms 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

1. Code of Conduct
2. Contract
3. Parent Ethics
4. Waiver Form
5. Waiver of Liab
6. Consent to Medically Treat