



# TORNADO YOUTH HOCKEY 2015-2016 REGISTRATION FORM

## FAMILY/PLAYER(S) REGISTRATION

Player 1: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

USA Hockey Conf# \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade Level \_\_\_\_\_

### AGE LEVEL (Circle Level Corresponding to Birth Date)

<b>MITE</b>	<b>SQUIRT</b>	<b>PEEWEE</b>	<b>BANTAM</b>	<input type="checkbox"/> <b>Consent to Treat</b>
1/1/2007 – 12/31/11	1/1/05 – 12/31/06	1/1/03 – 12/31/04	1/1/01 – 12/31/02	<input type="checkbox"/> <b>Concussion Form</b>

Player 2: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

USA Hockey Conf# \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade Level \_\_\_\_\_

### AGE LEVEL (Circle Level Corresponding to Birth Date)

<b>MITE</b>	<b>SQUIRT</b>	<b>PEEWEE</b>	<b>BANTAM</b>	<input type="checkbox"/> <b>Consent to Treat</b>
1/1/2007 – 12/31/11	1/1/05 – 12/31/06	1/1/03 – 12/31/04	1/1/01 – 12/31/02	<input type="checkbox"/> <b>Concussion Form</b>

Player 3: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

USA Hockey Conf# \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade Level \_\_\_\_\_

### AGE LEVEL (Circle Level Corresponding to Birth Date)

<b>MITE</b>	<b>SQUIRT</b>	<b>PEEWEE</b>	<b>BANTAM</b>	<input type="checkbox"/> <b>Consent to Treat</b>
1/1/2007 – 12/31/11	1/1/05 12/31/06	1/1/03– 12/31/04	1/1/01 – 12/31/02	<input type="checkbox"/> <b>Concussion Form</b>

## PARENT INFORMATION

Primary Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please initial and sign below. Both parents/guardians are required to complete if involved with the above child.

**I have read and agree to adhere to the policies in the Tornado Youth Hockey Handbook.** \_\_\_\_\_

(Policy subject to change in accordance with Executive Board voting rules)

**I have read, and agree to adhere to the TYH Anti-Bullying and Locker Room Policies.** \_\_\_\_\_

**I have read and agree to adhere to the Parent Code of Conduct (please initial).** \_\_\_\_\_

**I have read the Service Hour Commitment information sheet. I agree to volunteer 20 hours; new families, 10 hours, during my child's hockey season as outlined in the information I was provided (Mite LTS is exempt). I agree to pay \$25.00 for every hour not completed. I understand that I will not be allowed to register my child for the following season until my account is in good standing.** \_\_\_\_\_

Are you interested in coaching? YES or No Name if Interested \_\_\_\_\_

Primary Parent/Guardian Signature

Secondary Parent/Guardian Signature