



# Westmoreland Hockey Association Player Information 2011-2012

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Age \_\_\_\_\_ Birth date\* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade in School \_\_\_\_\_ Name of School \_\_\_\_\_ School District \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent / Guardian Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Medical Plan / Address \_\_\_\_\_

Policy No. \_\_\_\_\_

- Age Classifications:**
- |  |   |
|--|---|
| <input type="checkbox"/> Mites [2003 & under]  | <input type="checkbox"/> Bantams [1997 & 1998]            |
| <input type="checkbox"/> Squirts [2001 & 2002] | <input type="checkbox"/> Midgets 16 & under [1995 & 1996] |
| <input type="checkbox"/> Pee Wee [1999 & 2000] | <input type="checkbox"/> Midgets 18 & under [1993 & 1994] |
- Girls

**Player Experience:**

School / Previous Organization / Learn to Play	Division & Level	Position	Year
_____	_____	_____	_____
_____	_____	_____	_____

**\*Two copies of Birth Certificate required for all players**

1. **A \$75.00 Registration Fee** is due at or before tryouts; payable to WHA. In addition, a separate **\$35.00 Fee** is required for the mandatory USA Hockey Insurance. {Unless a copy of player's IMR is presented at tryouts}. Prior season credit may not be applied towards registration fee. A placement deposit of \$200.00 is required at time of registration for all players. Once offered a spot on a WHA team, the Player/Parent will have 24 hrs. to accept or reject team spot. If rejected within 24 hrs. deposit is returned if accepted deposit is cashed and applied to the players season dues.

2. **Equipment Disclosure** : All players must be equipped with the following: hockey skates, approved helmet with full face guard, mouth guard, neck guard, elbow pads, hockey gloves, chest protector, groin cup, padded hockey pants, shin guards and a regulation hockey stick. Each player will be required and responsible for the purchase and care of their jerseys.

3. **Medical / Liability Release Statement** : If my child is injured during a USA Hockey, Pittsburgh Amateur Hockey League (PAHL) or Westmoreland Hockey Association (WHA) sponsored event, I give permission to the person(s) in charge to seek medical attention. Upon entering events sponsored by USA Hockey or its member districts, we agree to abide by the rules of the USA Hockey, PAHL and WHA. We understand participation in the sport of ice hockey constitutes risk of injury. We voluntarily and knowingly recognize, accept, and assume this risk and release USA Hockey, its affiliates, their sponsors, event organizers, coaches and officials from any liability therefore.

4. **Volunteer Responsibilities** : WHA exists through the voluntary efforts of its members. We depend upon the families in the organization to perform various tasks. All families will be required to perform these tasks for all home games throughout the season and the Laurel Tournament. These Include: the penalty box, timekeeping, scorekeeping and 50/50. The number of tasks required by each family is dependent on team size. In the event these responsibilities are not fulfilled a penalty of \$50.00 per player will be assessed.

5. **Team Evaluations**: WHA teams are selected according to guidelines set down by PAHL. These guidelines require selection of teams based on a competitive criteria of AA, A, and B. Therefore evaluation of players is necessary for the selection of teams, and players and families are bound by the results of these evaluations.

I have read the above and agree to accept and abide by the terms.

-----  
Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_