



Cape Cod Waves Girls Ice Hockey Inc.

PO Box 1467

South Dennis, MA 02660

Fax 508-694-6420

info@capecodwaves.org

Player Registration 2011-2012 Season

Name: Last	First	MI	Date of Birth
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Address	Town	Zip Code
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(h)

(c)

Parent(s)/Guardian(s)	Phone #s
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Please check the Level to Skate in the 11-12 Season, please indicate:

- U 8 (8 years or younger as of 12/31/11) Full season tuition \$900
- U10 (10 years or younger as of 12/31/11) Full season tuition \$900
- U12 (12 years or younger as of 12/31/11) Full season tuition \$900
- U14 (14 years or younger as of 12/31/11) Full season tuition \$900
- U16 (16 years or younger as of 12/31/11) Split season tuition \$650
- U19 (19 years or younger as of 12/31/11) Split season tuition \$650

Did the player, play for the Waves last season?	Yes	No	If yes, what team: _____
Do you have <u>more than one</u> player registered with the Waves?	Yes	No	
Is <u>this player</u> registering as a goalie?	Yes	No	

In consideration of the acceptance of this registration, I do hereby:

1. Agree to abide by the policies, by-laws and rules of conduct set forth by the Waves.
2. Agree to make all payments to my account with the Waves in accordance with the payment policy. Optional payment plans are available through the Treasurer, bppeirce@gmail.com.
3. Acknowledge that my daughter may not be able to participate if the account is not current.
4. Agree to register my daughter with USA Hockey via the internet at www.USAHockey.com. A copy of the registration must be forwarded to the registrar via email info@capecodwaves.org or received by mail prior to 9/1/11.
5. I acknowledge that the tryout/placement evaluation fee of \$100 for the 11-12 Season is non-refundable and will be applied toward the account tuition, as indicated above. Please make checks payable to the "Cape Cod Waves" *return checks will be accessed the bank's return check fee.

Parent/Guardian email address	Parent/Guardian Signature	Date
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