



FAIRBANKS AMATEUR HOCKEY ASSOCIATION

SUMMER SKILLS & DRILLS ICE

DON'T LOSE THOSE SKILLS YOU WORKED SO HARD ALL YEAR TO MASTER - COME OUT FOR SOME HOCKEY FUN ONCE A WEEK THROUGHOUT THE SUMMER!
FOCUS WILL BE ON DRILLS AND SMALL AREA GAMES.

June 2nd - September 8th

13 Tuesday Sessions

Big Dipper Ice Arena - 6/2, 6/9, 6/16, 6/23, 6/30, 7/7, 7/14, 7/21, 7/28, 8/25, 9/1, 9/8
UAF Patty Ice Arena - 8/18



BIRTH YEARS 1999-2003 ~ Tuesdays @ 6:45 p.m.
BIRTH YEARS 1998-1991 ~ Tuesdays @ 8:00 p.m.



Players must provide proof of current USA Hockey registration renewed after May 1, 2009

All 13 sessions only \$100

Pre-registration and payment required.

Register by May 16th at Play It Again Sports, SportKing, or on-line @ www.fahaonline.com

Contact Kim Griffith @ 388-3631 for more information.



Fairbanks Amateur Hockey Association
 P.O. Box 72712 ♦ Fairbanks, Alaska 99707-2712
 Phone 456-FAHA Fax 452-4406

PLAYER REGISTRATION FORM

SPACE IS LIMITED - SIGN UP NOW!

Summer Skills & Drills Ice 2009 ~ June 2nd – September 8th
 Big Dipper Ice Arena - 6/2, 6/9, 6/16, 6/23, 6/30, 7/7, 7/14, 7/21, 7/28, 8/25, 9/1, 9/8
 UAF Patty Ice Arena - 8/18

Players must have current USA Hockey registration renewed after May 1, 2009

REGISTRATION DEADLINE MAY 16, 2009

FEEES ARE NON-REFUNDABLE

FAHA reserves the right to place a player in the group deemed appropriate – based on age, ability, or previous level played.

All 13 sessions only \$100*

- Birth Years 1999-2003 Tuesdays @ 6:45 p.m.
- Birth Years 1998-1991 Tuesdays @ 8:00 p.m.

***PRICES DO NOT INCLUDE MANDATORY USA HOCKEY REGISTRATION**

Players must have current USA Hockey registration renewed after May 1, 2009.

All players must provide documented proof of USA Hockey insurance.

*USA Hockey waives the usual \$35.00 fee for participants with birth years of 2003 or later.

Organization Registered with for 2008-09 regular season: _____

2008-09 Regular Season Coach: _____ (FAHA, NK, AL, NAHA, Icebreakers or None)

Player participated in FAHA 2008 Spring League Program: Yes No

Player's Name _____ Male Female Date of Birth _____

Position Played _____ Height _____ Weight _____

Mailing Address _____ Zip Code _____

Family email Address(es): _____ Player Contact Phone Number _____

Father/Guardian's Name _____ Mother/Guardian's Name _____

Father's Work Phone _____ Home Phone _____ Mother's Work Phone _____ Home Phone _____

Parent / Guardian Medical Consent / Release

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, and / or hospital during all periods of time in which the youth is away from his / her legal residence as a member of FAHA. Further, I waive, on behalf of myself and the above named youth, any liability of the Fairbanks Amateur Hockey Association, its agents, or Board Members, arising out of such medical treatment. I / We understand ice hockey is a contact sport and could result in serious injuries, and that protective equipment does not prevent all injuries to players. I / We, the parents or guardians of the above named player, hereby give my / our approval for him / her to participation any and all FAHA activities. I / We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I / We do hereby waive, release, absolve, indemnify and agree to hold harmless FAHA, the organizers, sponsors, supervisors, participants, and persons transporting my / our children to or from activities, for any claim arising out of any injury to my / our child, whether the result of negligence or from any other cause.

Signature of Parent / Guardian: _____ **Date:** _____

✓ Check if Applicable

- Player is new to FAHA
- Player is a new skater
- Player is a goalie
- Parent would like to coach/asst. coach

| FOR FAHA USE ONLY | |
|----------------------------|-------------------------|
| Date of Registration _____ | Liability Waiver _____ |
| Amount Paid _____ | Birth Certificate _____ |
| Cash _____ Check# _____ | Insurance Filed _____ |
| Volunteer Initials _____ | |