



# 2011 – 2012 FLAMES REGISTRATION FORM

Manchester Regional Youth Hockey Association



**\$50.00 Pre-registration Fee (Before March 5<sup>th</sup>)**

**\$100 Walk-on Fee (After March 5<sup>th</sup>)**

Please complete this registration and mail along with your **NON-REFUNDABLE** tryout fee (payable to MRYHA) to:

**DEB POWELL  
43 BERKLEY ST  
MERRIMACK, NH 03054**

Please specify division:			Please specify level:
<input type="checkbox"/> Mite Division	<input type="checkbox"/> Squirt Division	<input type="checkbox"/> Peewee Division	
<input type="checkbox"/> Bantam Division	<input type="checkbox"/> Midget Division	<input type="checkbox"/> U12 Girls	
<input type="checkbox"/> U14 Girls	<input type="checkbox"/> U16 Girls	<input type="checkbox"/> U19 Girls	<input type="checkbox"/> Minor
Please specify position:			<input type="checkbox"/> Major
<input type="checkbox"/> FORWARD	<input type="checkbox"/> DEFENSE	<input type="checkbox"/> GOALIE	<input type="checkbox"/> Limited

PLAYER NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*include year*

ADDRESS: \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
*please print*

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_

Association last played for: \_\_\_\_\_ Division: \_\_\_\_\_

- Upon selection to a team, we will require a Player Release from your current Association.

If you are not a current MRYHA player, please provide your current USA Hockey Registration # otherwise a waiver of liability must be signed upon check-in. # \_\_\_\_\_

Payment Method:	
<input type="checkbox"/> Check/Money Order (payable to MRYHA)	<input type="checkbox"/> MC/VISA
MC/VISA: _____	Expiration: _____ Amount: _____
Authorized Signature: _____	

Parent/Guardian Signed: \_\_\_\_\_ Dated: \_\_\_\_\_