



**ICE WOLVES YOUTH HOCKEY
2019-2020 REGISTRATION**



USA Hockey Registration Confirmation #: _____

www.usahockeyregistration.com - Available 4/1/2019

Registration due by 8/15/2019 to avoid \$100 late fee

Team (circle): **LEARN TO PLAY** (\$50 per session/\$75 for both) **U6** (\$200) **RWB/U8** (\$250)

SQUIRT U9/U10 (\$475) **PEEWEE U11/U12** (\$500) **BANTAM U13/14** (\$525) **MIDGET U15/U18** (\$575)

Skater's Information:

Name: _____ Age: _____ Scholarship Applicant - YES / NO

2019 -20 Grade Level: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Residence (circle): City of Dodgeville Dodgeville School District Residing School District _____

Parent / Guardian Information:

Father/Guardian Name: _____ Mother/Guardian Name: _____

Parents Occupation/Special Skills: _____

Address (if different): _____

******* Acknowledgement and Consent of the IWYHA Policies *******

By signing and submitting the 2019-20 registration form, I, the parent and/or guardian of the above named skater, acknowledge that I have read and understand the current Ice Wolves policies and agreements. I agree to fulfill both my financial and volunteer obligations as outlined in the policies and consent to the applicable charges or monetary penalties being assigned to my account if I fail to meet those obligations. Additionally, I understand that Ice Wolves may take legal action against me to collect any and all unpaid fees of the above named skater. I have read, and agree to, the information contained in the following documents which were present at the time of registration, and online at www.icewolveshockey.org

****Documents pertaining to the skaters have been discussed with the skater and the skater is in agreement.****

_____ **USA Hockey Code of Conduct _____ **IWYHA Code of Conduct and Discipline
Parent Handbook Appendix H Parent Handbook Appendix G
_____ ** IWYHA Parent Handbook _____ **WAHA Parent & Athlete Concussion Fact Sheet and Agreement

<input type="checkbox"/> IWYHA Photo Release Yes , I do grant permission for my child's /children's name and photograph to appear in publications and/or on the website of the Ice Wolves Youth Hockey Association
<input type="checkbox"/> IWYHA Photo Release No , I do not grant permission for my child's /children's name and photograph to appear in publications and/or on the website of the Ice Wolves Youth Hockey Association

Other Documents that need completed and returned IWYHA: IWYHA Work Deposit Form (Learn to Play not required) Mailed to Team Rep Manager found on form. Parent Handbook Appendix E

Parent/Guardian Signature: _____

Date: _____

Mail Registration Forms and Fees (minus rental fees and work deposits)to:
Larry Tremelling IWYHA Registrar, 102 West Pine St. Dodgeville, WI 53533 email: icewolvesregistrar@gmail.com