



2020-2021 SAHA Learn to Skate
 1111 O'Malley Centre Drive, Anchorage, Alaska 99515
 (907) 244-9306 www.southanchoragehockey.org



Session #1: 9/15/2020 – 10/20/2020 (Tuesdays ONLY)
Session #2: 11/10/2020 – 12/1/2020 (Tues/Sat except 11/28)

Session #3: 1/12/2021 – 1/30/2021 (Tues/Sat)

Tuesdays 5:45pm & Saturdays 10:30am – See Schedule for Rink Assignment

Cost: \$150 per Session Make checks payable to: SAHA (No Refunds)

PLAYER INFORMATION			2020 USA HOCKEY # _____	(Required)
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Player's Last Name	Player's First Name	MI		
<input type="text"/> / <input type="text"/> / <input type="text"/>	MALE/ FEMALE (circle one)		Has player skated before? ____ Y ____ N	
Date of Birth				
You will be responsible for providing skates, hockey helmet with a face mask and gloves.				
<input type="text"/>				
Primary Address				
<input type="text"/>	<input type="text"/>			
City	Zip Code			

PARENT/GUARDIAN INFORMATION (PLEASE PRINT LEGIBLY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Parent/Guardian Last Name	First Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Cell/Message Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Parent/Guardian Last Name	First Name	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Cell/Message Phone	Email Address

South Anchorage Hockey Association

Player Wellness & COVID Protocols

If the player being registered is unable to agree with all of the following protocols and confirm player wellness, please contact Keith Morris @ 907-229-0268 or Dane Smulick @ 907-980-7626, for questions.

- The player being registered for SAHA Learn to Skate Program has not exhibited any of the following symptoms: Fever, dry cough, fatigue, muscle or body aches.
- No member of the player's family or anyone in the household is exhibiting any of the above listed symptoms. The player has not traveled outside the State of Alaska within the past 14 days and no member of the household has traveled outside the state of Alaska in the past 14 days. If travel outside of Alaska occurs by player or family, player will adhere to local mandates requiring COVID testing or 14 day quarantine before participating in SAHA Learn to Skate Program activities.
- I acknowledge and agree that the COVID-19 Virus is present in Anchorage Alaska and with such knowledge, voluntarily agree for my Player to participate in SAHA Learn to Skate Program and enter the scheduled facilities. I agree to abide by the terms of the Facility COVID-19 Management Plan, AND I willingly waive and surrender any and all claims against South Anchorage Hockey Association, its coaches, staff, and other players or spectators for sickness, bodily injury or death and all other damages that could or may arise as a result of exposure to the COVID VIRUS OR OTHER VIRUS contagion while participating in SAHA Learn to Skate Program scheduled activities.
- For all players participating in the 2020-2021 SAHA Learn to Skate Program, the following guidelines have been put in place in order to protect the players, coaches, and hockey families while required by municipal mandates and facility protocol.
- * Follow posted "Enter" and "Exit" signs as provided by the Facility.
 - * Players MUST home/car dress (except skates).
 - * Chairs will be provided in the lobby to put on skates.
 - * Locker Rooms will NOT BE AVAILABLE.
 - * Players must bring their own labeled water bottle.
 - * Face masks should be worn inside the Facility until players enter the ice rink.
 - * Players will need to enter the ice using the designated door in a single file line while maintaining 6 feet separation, if possible.
 - * Players shall maintain 10 feet separation while on the ice.
 - * Parents and Spectators will be limited due to current Facility Protocols in place.
- The player and parent, acknowledge and agree to the above guidelines while participating in the 2020-2021 SAHA Learn to Skate Program and understand that failure to adhere to any of the above requirements may result in having to leave the program.

Parent Signature: _____ Parent Printed: _____

Date: _____