



<b>Player</b>		
Last Name	First Name	Middle Initial
Birth Date (mm/dd/yy)	Player's Email	
Street Address	City	State/Zip
Citizenship <input type="radio"/> US <input type="radio"/> Canadian <input type="radio"/> Other:	Phone	Cell
<b>Parent/Guardian 1</b>		
Last Name	First Name	Email
Street Address	City	State/Zip
Phone (Home)	Phone (Work)	Cell
<b>Parent/Guardian 2</b>		
Last Name	First Name	Email
Street Address	City	State/Zip
Phone (Home)	Phone (Work)	Cell
<b>Hockey Experience</b>		
Are you registering with another association as well as WWFHA? <input type="radio"/> No <input type="radio"/> Yes Which: <input type="radio"/> SJHA <input type="radio"/> SKAHA <input type="radio"/> Other:		
Years Played	Team Last Season	Coach
Preferred Position: <input type="radio"/> F <input type="radio"/> D <input type="radio"/> Goalie Are you planning to try out for a Wild Team that plays in the Canadian League? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Undecided		
<b>Checklist: Mail or Bring to Sign Up</b>		
<input type="radio"/> Payment Check for First Program Payment <input type="radio"/> Copy of Birth Certificate (New WWFHA Players Only) <input type="radio"/> Release Form from Previous Association <input type="radio"/> WWFHA Consent to Travel & Medical Release Form <input type="radio"/> USA Hockey Consent to Treat/Medical History Form <input type="radio"/> Code of Conduct Form For Non-US Citizens: <input type="radio"/> Copy of I94 <b>Or</b> Copy of Permanent Resident Card		
<b>Office Use Only</b>		
Date Received		
Confirmed		
Letter Sent		
By		



### 2011-2012 Fee Payment Schedule Agreement

	Wild 1	Wild 2	Phoenix
Registration by 6/30	300	300	100
Late registration (after 6/30)	375	375	175
1st Fee Payment 9/30	350	300	200
2nd Fee Payment 10/30	350	300	200
3rd Fee Payment 11/30	350	300	200
4th Fee Payment 12/30	350	300	175
<b>Total if registered by 6/30</b>	<b>1700</b>	<b>1500</b>	<b>875</b>
Total with late registration	1775	1575	950

**Goalies fees are \$450 for Wild 1 or 2 and \$250 for the Phoenix.**

**Agreement and Commitment:** With my signature below, I accept the responsibility of paying the total fees to the Western Washington Female Hockey Association. I understand that all payments not made by the above due dates shall be subject to a late fee of \$35.00. All returned checks will be subject to a \$50 returned check fee. *I also understand that if payment is not made within two weeks after the due date the player will not be allowed to practice or play until all past due fees are paid.* All checks should be made payable to WWFHA and mailed to:

WWFHA  
P.O. Box 77687  
Seattle, WA 98177

Non-refundable registration fee is \$300 for either of the Wild teams and \$100 for the Phoenix.

***I have read the fee structure, policies regarding payments and past due accounts, and I understand the financial commitment required.***

Player's Name: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Travel Consent and Medical Release

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ and have the legal right to grant the following permissions.

1. I grant permission for the above-named child, as a player registered with Western Washington Female Hockey Association (WWFHA) and USA Hockey, to travel in the United States of America and Canada for the purpose of playing and/or practicing hockey.
2. I grant permission for any and all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary for the above-named child while traveling and/or attending WWFHA team functions.

I acknowledge that I am solely responsible for all medical expenses incurred due to the above-named child's injury or illness and hereby assume all risk of injury or loss to which she may be exposed. I acknowledge that I have read and fully understood this Consent and Release Form. This Consent and Release form will be in force until withdrawn in writing or until any of the above registration conditions are no longer met.

\_\_\_\_\_  
Parent or Guardian Signature  
Phone (H) \_\_\_\_\_

\_\_\_\_\_  
Date  
Ph (W) \_\_\_\_\_ Ph (cell) \_\_\_\_\_

### Medical Information

Emergency contact 1 (other than yourself) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Ph (W) \_\_\_\_\_ Ph (cell) \_\_\_\_\_

Emergency contact 2 (other than yourself) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Ph (W) \_\_\_\_\_ Ph (cell) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy/Group \_\_\_\_\_

List any allergies/medications/concerns  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## WWFHA Code of Conduct and Waiver Contract

### Code of Conduct

I have read and understand the regulations, policies and Code of Conduct presented in our guidebook which is downloadable at [www.wwfha.com/images/pinkbook.pdf](http://www.wwfha.com/images/pinkbook.pdf)

Player Name (print) \_\_\_\_\_

Player Signature \_\_\_\_\_

Division \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (if player is under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

As a parent and participant in WWFHA, I have read and understand the regulations, policies and Code of Conduct presented in the WWFHA guidebook. I hereby agree to behave in accordance with the rules set forth therein.

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### Waiver of Release

I give Western Washington Female Hockey Association permission to use my child's name and picture in any WWFHA publication, including the WWFHA website.

Player Name (print) \_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (if player is under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_

### Stats Site

The following information can be used on the player stats site, [www.wwfhahockey.com](http://www.wwfhahockey.com)

*Check and fill in all items you want to be viewable:*

Name  Birth Year \_\_\_\_\_

Height \_\_\_\_\_  Hometown \_\_\_\_\_

Weight \_\_\_\_\_