



# Wilkes-Barre Junior Pens 2010-2011 Registration

Player Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Middle) MM DD YYYY

**\*IF YOU HAVE PRE-REGISTERED ONLINE SKIP SHADED AREA.**

Male:  Female:  Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Primary Contact: Mother:  Father:

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Alternate Contact: Mother:  Father:

Alternate Contact Name: \_\_\_\_\_

Alternate Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Contact Email: \_\_\_\_\_

Position Trying Out For: Forward:  Defense:  Goaltender:  Limited:  Full Travel:

Last Year's Team: \_\_\_\_\_ # of years playing Hockey: \_\_\_\_\_

### Travel Team Request

Mites:  Squirts:  PeeWee:  Bantam:  Midget U-16:  Midget U-18:

- Fee for evaluation is \$50.00 and is NON-REFUNDABLE. Checks payable to Wilkes-Barre Junior Pens.
- Registration fee of \$250.00 is due at time of registration and is NON-REFUNDABLE. \*\* A \$20.00 service charge for any returned checks.

In compliance with the By-Laws of the Delaware Valley Hockey League hereafter known as the "DVHL" and the By-Laws of the Mid-Atlantic Women's Hockey Association hereafter known as the "MAWHA". No player may participate in a DVHL or MAWHA club activity unless the player's Parent/Guardian has signed a registration agreement to play for and/or be financially committed to that club for the intended season.

Once a player has signed a registration agreement to play for and/or be financially committed to the club, that player can be evaluated to play on a team with that club. Clubs may cut players from their program only where the number of players at any particular age level makes the formation of a team a impractical situation. Any player who signs a Club Registration form and/or makes a financial commitment to that club will remain the property of that club for the balance of the season, unless released by the club in writing. All written releases will be approved and provided by the board of directors.

I/We declare that I/We have no outstanding balance due to any Ice Hockey Club, League or Organization in the state of New York, New Jersey or Pennsylvania. I/We state that there is no outstanding balance owed to the DVHL, MAWHA, or USA Hockey for any previous Ice Hockey Season.

I/We herby acknowledge the above rules and regulations of the DVHL and MAWHA By-Laws. I/We are not registered with another DVHL or MAWHA club for this season and I/We are now registered with the Wilkes-Barre Junior Pens a/k/a Pocono North-east Hockey Club to play for and be financially committed to for this 2010/2011 season.

Players Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Parent/Guardian Signature: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Obligations to the Organization**

	Total player Fees excluding Items Shaded below	Due at Registration	15-Jul	15-Aug	15-Sep	15-Oct	15-Nov	Total
Mite (DVHL only)*	\$650	\$250	\$80	\$80	\$80	\$80	\$80	\$650
Mite	\$950	\$250	\$140	\$140	\$140	\$140	\$140	\$950
Squirt	\$1,050	\$250	\$160	\$160	\$160	\$160	\$160	\$1,050
Pee Wee	\$1,550	\$250	\$260	\$260	\$260	\$260	\$260	\$1,550
Bantam	\$1,650	\$250	\$280	\$280	\$280	\$280	\$280	\$1,650
Midget U16	\$1,700	\$250	\$290	\$290	\$290	\$290	\$290	\$1,700
Midget (Independent)*	\$925	\$250	\$135	\$135	\$135	\$135	\$135	\$925
Midget U18	\$1,700	\$250	\$290	\$290	\$290	\$290	\$290	\$1,700

Includes practice ice beginning in September through February • DVHL league games and Non League games

**Estimated additional costs**

Evaluation Fee (NON-REFUNDABLE)	\$50
Jerseys (Home and Away, Jerseys and Socks)	\$225
Tournaments (per tourney cost)**	\$60
USA Hockey Registration	\$40

Credit card option will consist of an executed authorization for credit card payment made by July 15th  
(See Credit Card Authorization Form)

\*consists of 1 practice per week \*\*number and cost is variable and determined by Team

**ENTER A RAFFLE TO WIN SIGNED PENS MEMORABILIA!!!!!!**

To be entered either.....

1. Pay in full by July 15th

OR

2. Participate in our Credit card Option. Simply execute an authorization for monthly credit card payments.

Authorization forms must be received by July 15th.

At the time of Registration, you will be provided with a bill and invoice voucher that will detail your payments. Failure to make a payment may cause your son/daughter to be suspended from the ice and further Wilkes-Barre Junior Pens activities (practices and games); until such time that the financial obligation has been satisfied. All players must be paid in full by November 15th. No alternate payment arrangements will be offered by the Wilkes-Barre Junior Pens, there will be no exceptions.

The Wilkes-Barre Junior Pens Board will pursue all legal avenues available to them to collect the debt that is outstanding. This is intended to protect the Organization and allow the continued viability of a youth hockey organization in the Wilkes-Barre metro area.

I/We have read the financial policies of the Organization and agree to pay in accordance with them. I/We understand the I/We have entered into a financial obligation with the Wilkes-Barre Junior Pens.

Player: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Hold Harmless Agreement:**

Ice Hockey, like any sport, has inherent dangers and risks of serious injury. The undersigned releases and holds harmless the Pocono Northeast Youth Hockey Club a/k/a "Wilkes-Barre Junior Pens", its board members, coaches, and other personnel for any physical injury and all liability, loss or damage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Release:**

I/We hereby authorize Pocono Northeast Youth Hockey Club a/k/a "Wilkes-Barre Junior Pens" to make any decision in my/our absence regarding emergency medical treatment of myself/or my child.

Childs Full Name: \_\_\_\_\_

And to sign the necessary hospital release forms in order to obtain medical attention. I can be reached at

(emergency phone number): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_