



AAU Membership # _____

Southernmost Hockey Club
1107 Key Plaza # 287,
Key West, FL. 33040

2011/2012 Youth Membership Registration - \$85.00

Player Name: _____ BirthDate: _____

Address: _____ EMail: _____

Home Phone: _____ Cellphone: _____

Parent or GuardianName: _____

Emergency Contact: _____

I understand that the registration fee is non-refundable. I agree to abide by all rules and regulations as set forth by the Southernmost Hockey Club. Failure to do so may result in my expulsion from the league. I grant the Southernmost Hockey Club and its agent(s) the right to use photographs, sounds and images taken during events for publication, promotion, or other uses including but not limited to newspapers, magazines, newsletters, the internet and television.

The Southernmost Hockey Club is an affiliate of AAU, meaning that our Club has adopted this national organization's rules and regulations. Any player participating in behavior that is not deemed acceptable, such as fighting or gross misconduct, will be subject to mandatory penalties determined by the SMHC Board of Directors, which can include suspensions from games and/or practices.

Parent/Player Pledge

- * I (We) will not allow ourselves or our families to engage in poor sportsmanship.
- * I (We) will encourage all athletes to put forth effort and to do their best at all times.
- * I (We) will appreciate all acts of sportsmanship, whether from our team or our opponent.
- * I (We) will congratulate all great plays, whether by our team or our opponent.

I have read the above and agree to these terms: _____

Parent/Guardian (if under 18): _____ Date: _____

Please check the following if they apply to you, or your child:

____ I authorize my child to play one division up, realizing that the challenges of increased size and speed of opponents in competition at an older age.

____ I am interested in volunteering my time to coach, assistant coach or help in any other capacity.

If you would like to volunteer this season please circle the age(s) you are interested in working with

6 and under 8 and under 10 and under 12 and under 14 and under

Receipt (fees are non-refundable)

Cash _____ Check _____ Check # _____ Date _____ Received by _____

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