



USA HOCKEY TEAM MEMBERSHIP APPLICATION



-Please type or print all information-

FILL IN THIS APPLICATION COMPLETELY, SIGN AND SEND ALL FOUR COPIES WITH THE MEMBERSHIP FEE TO YOUR DISTRICT REGISTRAR/ASSOCIATE REGISTRAR. CORRECT AND COMPLETE MAILING ADDRESS IS VERY IMPORTANT TO ENSURE CORRESPONDENCE TO YOU.

USA HOCKEY TEAM FEE: \$ 20.00

*Affiliate fee \$ _____

*Consult your Registrar/Associate Registrar for the appropriate dues/fees.

Specifically designated Junior or Senior leagues are subject to individual rating and acceptability into the insurance program.

It is agreed that if this application is accepted, the teams will abide by the Rules and Regulations of USA Hockey.

CLASSIFICATION
(Check One)

YOUTH		
<input type="checkbox"/> 17-UNDER (MIDGET)	<input type="checkbox"/> HIGH SCHOOL	
<input type="checkbox"/> 14-UNDER (BANTAM)	<input type="checkbox"/> GIRLS' HIGH SCHOOL	
<input type="checkbox"/> 12-UNDER (PEEWEE)	<input type="checkbox"/> COLLEGE	
<input type="checkbox"/> 10-UNDER (SQUIRT)	<input type="checkbox"/> WOMEN'S COLLEGE	
<input type="checkbox"/> 8-UNDER (MITE)		
<input type="checkbox"/> INITIATION PROGRAM		
	ADULT	JUNIOR
	<input type="checkbox"/> ELITE	<input type="checkbox"/> A
	<input type="checkbox"/> U.S.	<input type="checkbox"/> B
	<input type="checkbox"/> NO-CHECK	<input type="checkbox"/> C
	<input type="checkbox"/> NO-CHECK OVER 30	
	<input type="checkbox"/> NO-CHECK OVER 35	
	<input type="checkbox"/> NO-CHECK OVER 40	
	<input type="checkbox"/> SLED	
WOMEN		
<input type="checkbox"/> WOMEN'S ADULT		
<input type="checkbox"/> GIRLS' 19-UNDER		
<input type="checkbox"/> GIRLS' 15-UNDER		
<input type="checkbox"/> GIRLS' 12-UNDER		
<input type="checkbox"/> GIRLS' 10-UNDER		

Team Name: _____
 Tier I Tier II House/Recreational

Association Name: _____

Association ID #: _____

HEAD COACH

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

**COACHING EDUCATION PROGRAM
LEVEL ACHIEVED**

Master Intermediate
 Advanced Associate

ASSISTANT COACH

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

**COACHING EDUCATION PROGRAM
LEVEL ACHIEVED**

Master Intermediate
 Advanced Associate

ASSISTANT COACH

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

**COACHING EDUCATION PROGRAM
LEVEL ACHIEVED**

Master Intermediate
 Advanced Associate

TEAM REPRESENTATIVE

Name _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

**COACHING EDUCATION PROGRAM
LEVEL ACHIEVED**

Master Intermediate
 Advanced Associate

Please note that team is not registered until this form is received by your USA Hockey District Registrar or Associate Registrar. It is important to report any injuries requiring hospitalization to your District Risk Manager within 24 hours of occurrence.

THIS TEAM IS A REGISTERED MEMBER OF USA HOCKEY FOR THE _____ SEASON.