

2010 ROLLER HOCKEY REGISTRATION FORM
Huntingdon Valley Activities Association
P.O. Box 155
Huntingdon Valley, PA 19006
(215) 947-9823
www.hvaa.net/register.htm

HVAA Use Only	
Cash/Money Order Amount _____	
Ck. # _____	Ck. Date _____
Ck. Amount _____	Full Fee _____
1 st 2 nd 3 rd 4 th ___ th Child	
<input type="checkbox"/> Registered	

PLEASE FILL OUT COMPLETELY AND PRINT NEATLY

Comments: _____

<input type="checkbox"/> Please mark if this is the FIRST time you are registering your child in an HVAA activity.
<input type="checkbox"/> Please mark if the address and/or phone number listed below has changed since the last time you registered your child in an HVAA activity.
Child's Name: _____ Sex: M ___ F ___ Height: ___ FT. ___ IN.
Address: _____ Phone # _____
_____ Date Of Birth: ___/___/___ Age As of 9/1/2010: _____
_____ Grade You Will Be Entering In 2010-2011 School-year: _____
Please list two contacts HVAA can use to inform you of schedules, rosters and other pertinent details applicable to your child.
Contact 1: _____ Phone #: _____ Relationship to child: _____
Work Phone #: _____ Cell Phone #: _____
Contact 2: _____ Phone #: _____ Relationship to child: _____
Work Phone #: _____ Cell Phone #: _____

Registration Fees and Dates (the postmark will determine if a Registration Form is considered late)
Deadline for discounted fee to register is May 15, 2010
FEE: 1st Child - \$105, Additional Children - \$90 each
Full Registration fee received after May 15th: 1st Child - \$135, Additional Children - \$120 each

Parental Waiver and Consent Form: As the parent or legal guardian of the above child, I hereby request and give my full consent and approval for my child to participate as a team member in the sport designated above. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I understand that risks of injury are inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child, even if arising from the negligence or gross negligence of the releasees or others, and assume full responsibility for my child's participation. I hereby certify my child is fully capable of participating in the designated sport and my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence, gross negligence or any other cause. I have read this registration/consent form. I give full consent for my child's participation.

Child Participation: Under HVAA rules, any child may be prohibited from participating in future programs if he/she does not attend at least 75% of all games and practices.

Refund Policy: If you wish to withdraw your child from the program and request a return of your registration fee, you must submit your request in writing by regular mail to address above, postmarked on or before June 15, 2010. Requests after that date will not be honored. There will be a \$10 processing charge for all refunds.

Game Scheduling: Due to limited availability of facilities and the uncertainty as to the number and/or ages of children registering for the sport, game and practice schedules cannot be determined until after the drafting of teams occurs.

Parent/Guardian Signature: _____	Date: _____	(MUST BE SIGNED & DATED!)
<input type="checkbox"/> Please mark if the E-mail address listed below has changed since the last time you registered your child in an HVAA activity.		
Parent/Guardian E-mail address: _____	(PLEASE PRINT <u>NEATLY</u>)	
By signing this registration form, children, parents and coaches agree to comply with HVAA's code of conduct. The Board of Directors reserves the right to refuse to register any child for any reason and to remove any child from any activity at any time.		

Adult Participation Form

Volunteers Needed For HVAA 2010 Roller Hockey Season



HVAA needs your time and assistance to make our programs successful. Coaches, Assistant Coaches and League Commissioners are needed. No experience is necessary for any of these positions. HVAA will provide guidance and assistance along the way. Please continue to support your community by volunteering to help this activity.

Volunteer's Name _____

_____ I do have a child participating that I wish to coach.

_____ I do not have a child participating that I wish to coach.

_____ Player's Name (if applicable)

_____ Player's Age (if applicable)

_____ My Phone Number

_____ My Email Address

I am volunteering to perform the following function (select all that apply):

_____ Coach

_____ Assistant Coach

_____ League Commissioner

_____ Other (Please explain on the reverse of this form)

Return volunteer forms with player registration forms, or mail to:
HVAA, Attention Director of Roller Hockey, PO Box 155,
Huntingdon Valley, PA 19006

Note: The Board of Directors of the Huntingdon Valley Activities Association maintains the sole and exclusive right to select all coaches for its programs. Signing this form or volunteering to coach does not guarantee selection. HVAA, reserves the right to recruit additional persons to coach. All prospective coaches must complete the HVAA Coach's Class and execute a Coach's Code of Conduct before any person is eligible for consideration.



HUNTINGDON VALLEY ACTIVITIES ASSOCIATION

P.O. Box 155

HUNTINGDON VALLEY, PA 19006

(215) 947 - 9823 • <http://www.hvaa.net>

SPONSORSHIP FORM

HVAA Needs Your Support !

To keep our registration fees reasonable and to provide quality programs, HVAA relies on individuals and businesses to sponsor our activities. Please help us help our community! Enjoy the benefits of sponsorship, which include:

- Appreciation for supporting the children's activities
- Fees may be tax deductible (consult your tax professional)
- Promotion of your business to the members of the community

Sponsorships Include:

- Name of your choice displayed prominently on the back of an entire team's jersey
- Sponsorship plaque with a photo of the team(s) you sponsor
- Invitation to HVAA's Annual Coaches and Sponsors Appreciation Banquet

Sponsorship Fees:

New Lower Fees!!

- One Team.....\$175
- Two Teams.....\$300
- Three Teams.....\$400
- Four Teams.....\$500

Questions? Contact us at 215-947-9823, and select Mailbox #5 for Sponsorship

Please complete, detach, and forward this form to us today!

Sponsorship Information

Sport (Select One) Baseball/Softball Roller Hockey Soccer Basketball
 Number of Teams Sponsored: 1 2 3 4 Other _____ Amount of Sponsorship: _____
 Company or Sponsor Name _____
 Address _____
 City _____ State _____ Postal Code _____
 Point of Contact _____
 Phone Number: _____ FAX Number _____ Email Address _____
 Exact name to appear on the back of the jersey: _____

Select one of the statements below:

- I do not have a child on the team(s) I am sponsoring.
- I do have a child on the team(s) I am sponsoring. My child's name is _____. He/she is _____ years old. (Note: If you are sponsoring more than one team and have children on those teams, please write their names and ages below)
