



## Hingham Girls Hockey Registration for the 2008-2009 Season

Select	Birth Year	Level	Reg. Fee + Dues =	Total
<input type="checkbox"/>	1990/1991/1992/1993 (All HS)	U19	\$265/\$350+ \$0	= \$265/\$350
<input type="checkbox"/>	1994/1995	U14	\$300 + \$650	= \$950
<input type="checkbox"/>	1996/1997/1998	U12	\$300 + \$650	= \$950
<input type="checkbox"/>	1998/1999/2000/2001	U10	\$275 + \$0	= \$275

Third child or more is discounted to a total cost of \$300 from the lowest cost program in family.

Third Child Discount Provision    List siblings in HYH/HGH \_\_\_\_\_

### Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy)    Telephone \_\_\_\_\_    Grade 9/06 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent 1 Name / Relationship to Player	Parent 2 Name
Phone	Phone
Email *	Email

\*Main email address for HGH communication

### Emergency Information

Person to contact, other than yourself,  
in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Information you would like us to be aware of regarding the player's ability to fully participate in the HGH Program \_\_\_\_\_



**HINGHAM GIRLS HOCKEY  
P.O. BOX 563  
HINGHAM, MA 02043**

**2008-2009 HOCKEY PAYMENT SCHEDULE**

U12 AND U14

March 2008	Registration Fee	\$300.00
May 15, 2008	First Payment	\$350.00
August 1, 2008	Final Payment	<u>\$300.00</u>
TOTAL PAYMENTS		\$950.00

U10/12 WEEKS & POWERSKATING

March 2007	Full Payment	\$275.00
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U19/HALF SEASON/GAMES & POWER SKATING

March 2007	Full Payment	\$350.00
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U19/HALF SEASON/GAMES ONLY

March 2007	Full Payment	\$265.00
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**AFTER MAY 1, 2008, YOU MUST ALSO REGISTER  
THROUGH USA HOCKEY (\$35.00) FOR USA/MASS HOCKEY FEE**

\*\*REGISTRATION FEE IS NON-REFUNDABLE AND NON-TRANSFERRABLE ONCE THE PLAYER  
RECEIVES A TRYOUT NUMBER \*\*

\*\*\*FAILURE TO MAKE TIMELY PAYMENTS MAY RESULT IN THE SUSPENSION OF YOUR CHILD FROM  
PROGRAM\*\*\*

**Returned Checks will be assessed with a \$20 fee to be added to your balance**

I have read and agree to adhere to the Hingham Girls Hockey payment schedule as set forth above.

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Print)



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