

State College Youth Ice Hockey Association Player Information Sheet and Registration Form 2012-2013



Parent/Guardian Name (DAD) Mailing Address City, State Zip Home Phone Cell Phone Email Address		
Please check if you'd be willing Fundraising Team Manager Parent Helper Banquet Marketing, Recruiting Corporate Sponsors	g to help in these a Tournament (Website Apparel Tryouts Coaching	
Parent/Guardian Name (MOM) Mailing Address City, State Zip Home Phone Cell Phone Email Address		
Please check if you'd be willing Fundraising Team Manager Parent Helper Banquet Marketing, Recruiting Corporate Sponsors	g to help in these a Tournament (Website Apparel Tryouts Coaching	
Please make checks payable to SCYIHA SCYIHA Mailing Address PO Box 10168, State College, PA 16805		2012-2013 Divisions by Birth Year Mite Jamboree – 2004 & 2005 Squirt – 2002 & 2003* Peewee – 2000 & 2001 Bantam – 1998 & 1999 Midget – 1994, '95, '96, '97

* 2004 birth year players that were **both** rostered on the Mite Jamboree team **prior to December 31st, 2011**, and who were also enrolled in the NLHP CrossIce League may tryout at the Squirt level for the upcoming season. All other 2004's must tryout for the Mite Jamboree level.

Questions? Try the website: <u>www.SCYIHA.com</u> or email us at <u>JrIcers@SCYIHA.com</u>



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Player 1

Family Name	
First & Last Name	Nickname
Birth date (mm/dd/yy) 2012-2013 Division Number	(Mini-Mite, Mite, Squirt, Peewee, Bantam, Midget) (If you're new, give a couple of choices)
2011/2012 Experience Division Level Scholastic 2010/2011 Experience Division Level Scholastic	 (Mite, Bantam, In-House, etc. (A, AA, A-Minor, etc.) (Jr High, JV, Varsity) (Mite, Bantam, In-House, etc. (A, AA, A-minor, etc.) (Jr High, JV, Varsity)
2009/2010 Experience Division Level Scholastic	(Mite, Bantam, In-House, etc. (A, AA, A-minor, etc.) (Jr High, JV, Varsity)
New to SCYIHA? No (if yes, we'll need a copy of yo New Players will need both home/a	

SCYIHA Use Only			
USA Hockey	Check #2 Amt	 Uniform Check	
\$40 Tryout Fee	 Check #3 Amt	 Birth Certificate	
\$150 Commitment Fee	Check #4 Amt	 Consent to Treat	
Check #1 Amt	Waiver	 Waiver	
Check #2 Amt	Medical	Medical	



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Player 2

Family Name _		_		
First & Last Name		Nickname		
Birth date (mm/o	dd/yy)			
2012-2013 Divis	sion	(Mini-Mite, Mite, Squirt, Peewee, Bantam, Midget)		
Number		(If you're new, give a couple of choices)		
2011/2012 Expe	rience			
Division		(Mite, Bantam, In-House, etc.		
Level		(A, AA, A-Minor, etc.)		
Scholastic		(Jr High, JV, Varsity)		
2010/2011 Expe	rience			
Division		(Mite, Bantam, In-House, etc.		
Level		(A, AA, A-minor, etc.)		
Scholastic		_ (Jr High, JV, Varsity)		
2009/2010 Expe	rience			
Division		_ (Mite, Bantam, In-House, etc.		
Level		(A, AA, A-minor, etc.)		
Scholastic		(Jr High, JV, Varsity)		
New to SCYIHA?	' No Ye	es		
	l a copy of your birtl ed both home/away jers	h certificate) eys and home/away socks		
SCYIHA Use Only				
USA Hockey		k #2 Amt Uniform Check		
\$40 Tryout Fee		k #3 Amt Birth Certificate		
\$150 Commitment		k #4 Amt Consent to Treat		
Check #1 Amt	Waive			
Check #2 Amt	Medio	cal Medical		



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Player 3

Family Name					
First & Last Name		Nickname			
Birth date (mm/dd/yy) _ 2012-2013 Division _ Number _	· · · ·	(Mini-Mite, Mite, Squirt, Peewee, Bantam, Midget) (If you're new, give a couple of choices)			
2011/2012 Experience					
Division	(Mite, Banta	am, In-House, etc.			
Level	(A, AA, A-N	/linor, etc.)			
Scholastic	(Jr High, J∖	(Jr High, JV, Varsity)			
2010/2011 Experience					
Division	(Mite, Banta	am, In-House, etc.			
Level	(A, AA, A-n	ninor, etc.)			
Scholastic	(Jr High, J∖	/, Varsity)			
2009/2010 Experience					
Division	(Mite, Banta	am, In-House, etc.			
Level	(A, AA, A-n	ninor, etc.)			
Scholastic	(Jr High, J∖	V, Varsity)			
New to SCYIHA? No	Yes				
(if yes, we'll need a copy on New Players will need both home		away socks			
SCYIHA Use Only	Chook #2 Arest	Liniform Chook			
USA Hockey	Check #2 Amt	Uniform Check			
\$40 Tryout Fee	Check #3 Amt	Birth Certificate			
\$150 Commitment Fee	Check #4 Amt	Consent to Treat			
Check #1 Amt	Waiver	Waiver			
Check #2 Amt	Medical	Medical			