



**Muskegon County Amateur Hockey Association
2010/2011 Registration Contract**



www.muskegonchiefs.org

Player's Last Name _____ First Name _____ Middle Initial _____
 Street Address _____ City _____ Zip Code _____
 Player's date of birth _____ Home phone number _____
 Father's name _____ Mother's name _____
 E-mail address _____ @ _____
 Player's (Current/Planned) High School _____

MCAHA Regular Member Designation: List the name of the parent or guardian above who shall be designated the regular member entitled to notice and to vote at MCAHA special and annual meetings _____

Player Position _____ example: *Goalie*

I, as parent/guardian of the above named Player (hereinafter "Player"), understand and acknowledge that all player fees must be paid in accordance with the schedule on attached form, and that failure to make payments in accordance with same shall result in Player becoming ineligible to skate in any practice, scrimmage, game, tournament, or from participating in any Muskegon County Amateur Hockey Association (MCAHA) and/or Shoreline Hockey function until the account is brought current. It is also understood and acknowledged that **payments will be due on the 1th of the month with a 5 day grace period.** I further agree that the attached payment schedule must be followed and payments must be made in accordance with the schedule, regardless of whether or not I receive monthly statements. Accounts that continue to be delinquent will be pursued through legal action, as well as forwarded to MAHA and USA Hockey for possible further sanctions. I further understand and agree that I will be responsible for any and all administrative costs and/or attorney fees incurred by MCAHA in the collection of my account should it become delinquent.

I further acknowledge that the fees listed on the attached payment schedule are for the basic allotted budgetary items as approved by the Board of Directors. The Board of Directors may at any time assess additional fees to a Player's account as determined necessary or as additional expenses are incurred by Player or his/her team. This would include team skating with less than Board approved number of players, additional ice time, ice taken at facilities other than Lakeshore Sports Centre, tournaments, coaching fees, and any other related expenses. Any additional expenses incurred by the Player's team, independent of MCAHA/Shoreline, shall be assessed by team and I agree to pay such amounts as assessed to Player's account.

I also understand and acknowledge the maximum allowed fees if the Player leaves early for reasons other than a MCAHA Board approved, physician documented, six week or greater injury; shall follow the chart below:

After contract is signed, but no activities participated in:	Responsible for \$300	After November 1 st :	Responsible for 75% of total yearly fee
After September 1 st :	Responsible for 25% of total yearly fee	After December 1 st :	Responsible for 100% of total yearly fee
After October 1 st :	Responsible for 50% of total yearly fee		

I hereby agree to pay the fees assessed on the attached payment schedule when due. I also authorize MCAHA to debit the following credit card:

___ MC ___ VISA ___ AMEX CARD # _____
 EXP DATE: _____ NAME ON CARD: _____

on the 25th of each month in the event I do not pay the assessed fee for that particular month. As stated in this Contract, I understand and agree to pay any additional fees or expenses assessed by MCAHA other than those found in the Payment Schedule above.

I hereby give my permission to allow Player to participate in the MCAHA/Shoreline program. I understand MCAHA/Shoreline volunteers, employees, and members are not liable for any injuries the Player may incur during the season. Any damages which occur due to the fault of Player are my full responsibility. I agree to have Player correctly wear all protective equipment specified by the MCAHA Board of Directors during all on-ice sessions. Furthermore, any and all audio and visuals made of the Player during his/her participation with MCAHA/Shoreline is for use by MCAHA.

I acknowledge that Player, and myself as parent/guardian, and any other participating family members are bound by the MCAHA Operating Procedures and By-laws which have been made available for my review and that I will be provided with a copy of the same upon request. I also acknowledge that there may be Board directed mandatory MCAHA/Shoreline fundraisers and I acknowledge that I will participate in these mandatory fundraiser and/or have my Player's account accordingly assessed.

Parent/guardian signature _____ Date Signed _____

Parent/guardian printed name _____

Other web sites for information: USA Hockey www.usahockey.com , Michigan Amateur Hockey Association www.maha.org , Little Ceasars Amateur Hockey League www.LCAHL.org , Adray Community Hockey League www.adrayhockey.org ,



Muskegon County Amateur Hockey Association 2010-2011 Payment Schedule



Select	Full Fee	Due to Lakeshore	Chiefs payments	Oct. 1	Nov. 1	1-Dec	1-Jan		
Mini Mite Shoreline	\$563	\$250		\$78	\$78	\$78	\$79		
Mite Shoreline	\$563	\$250		\$78	\$78	\$78	\$79		
House Program*	Full Fee	Registration	1-Aug	Sept. 1	Oct. 1	Nov. 1	1-Dec	1-Jan	
Squirt B	\$1,063	\$300	\$131	\$131	\$131	\$131	\$131	\$108	
PeeWee B	\$1,544	\$300	\$211	\$211	\$211	\$211	\$211	\$189	
Bantam B	\$1,726	\$300	\$241	\$241	\$241	\$241	\$241	\$221	
Additional cost.* \$100 for house program included \$100 for jersey(s) and socks.	Jersey (2) home and away, plus 1 pair socks These are yours to keep.			Circle size	YL	AS	AM	AL	AXL
				1st come	1st served for number				
Number preference _____				Number preference _____					
		Due at	Due	Due	Due	Due	Due	Due	
		Registration	1-Aug	Sept. 1	Oct. 1	Nov. 1	1-Dec	1-Jan	
Travel Program	Full Fee	Registration	1-Aug	Sept. 1	Oct. 1	Nov. 1	1-Dec	1-Jan	
Squirt AA	\$1,589	\$300	\$214	\$214	\$214	\$214	\$214	\$219	
** More details on Payment Detail Form									
Parent/Guardian Printed Name									
Parent/Guardian Signature									
Date Signed									

2010-2011 Payment Schedule for _____

Learn to Skate for Hockey Mondays @ 5:15 pm

		Circle	Age Group	3-5	6-8	9-10
	September 13-October 25th	\$35	7 week class			
	November 1-December 20th	\$40	8 week class			
	January 4-February 15th	\$40	8 week class			
	February 22nd-March 29th	\$30	6 week class			

Date Paid _____ Cash _____ Check # _____ Credit card _____

Learn to Skate for Hockey Saturdays @ 8:30 am

		Circle	Age Group	3-5	6-8	9-10
	November 6-December 18th	\$35	7 week class			
	January 8-February 12th	\$30	6 week class			
	February 19th-March 26	\$30	6 week class			

Date Paid _____ Cash _____ Check # _____ Credit card _____

Ages 5-11 4 week session cost- \$40

Head Start Camp-Mondays in October 5:45 PM

October 4th, 11th, 18th and 25th

Form of payment: Checks made out to Lakeshore Sports Centre

#1 Date Paid _____ Cash _____ Check # _____ Credit card _____

November 1st-March 19th

	Instructional Program	Deposit	Circle	Age Group	3-5	6-8	9-10
	Level One- \$250	\$100					
	Level Two- \$250	\$100					

Form of payment:

Checks made out to Lakeshore Sports Centre

#1 \$100 Deposit Date Paid _____ Cash _____ Check # _____ Credit Card _____

Balance Due November 1st.

#2 \$150 balance Date Paid _____ Cash _____ Check # _____ Credit Card _____

Junior School League

18 games, 2 practices, 2 playoffs.

September 25-March 11th.

		Due at	Circle	Age Group	6-8	9-11
		registration				
	Jr league only	\$260				
	If doing shoreline, discount \$30	\$230				

Deposit -\$100
Balance-\$160 due September 25th
Deposit -\$100
Balance-\$130 due September 25th

Form of payment: Checks made out to Lakeshore Sports Centre

#1 \$100 Deposit Date Paid _____ Cash _____ Check # _____ Credit Card _____

#2 Balance Paid _____ Cash _____ Check # _____ Credit Card _____

Due September 25th

School district attending: _____ Jersey size _____