

# APPLICATION FOR NWAHA MEMBERSHIP

2010-2011 SEASON

I hereby apply for membership in the Northwest Arkansas Hockey Association (NWAHA), an Arkansas not-for profit corporation (the "Association"). I agree to abide by the Articles of Incorporation, the By-Laws and all rules and regulations as established by the Board of Directors for the Association. I assume all risks and hazards incident to participation in the activities of the Association and its hockey program, and I hereby waive, release, absolve and agree to hold harmless The Jones Center for Families, the Association and its officers, directors, commissioners, coaches, officials, sponsors, representatives, agents and members from any claims and liability whatsoever arising out of any such activities or participation in such hockey program.

## PLEASE PRINT LEGIBLY

PLAYER NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENTS' NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ DAD WORK ( ) \_\_\_\_\_ DAD CELL ( ) \_\_\_\_\_

PLAYERS' CELL ( ) \_\_\_\_\_ MOM WORK ( ) \_\_\_\_\_ MOM CELL ( ) \_\_\_\_\_

EMAIL #1 \_\_\_\_\_ EMAIL #2 \_\_\_\_\_

## CHECK ONE

<b><u>DIVISION:</u></b>	_____ <b>Mini-Mite</b>	Birth Years 2004 & later	<b>*Based on ability can play up to mites</b>
	_____ <b>Mite</b>	Birth Years 2002 & 2003	8 yr. olds & under
	_____ <b>Squirt</b>	Birth Years 2000 & 2001	9 & 10 yr. olds
	_____ <b>Peewee</b>	Birth Years 1998 & 1999	11 & 12 yr. olds
	_____ <b>Bantam</b>	Birth Years 1996 & 1997	13 & 14 yr. olds
	_____ <b>Midget</b>	Birth Years 1992-1995	15, 16, 17 & 18 yr. olds

The application for membership is subject to review for approval by the Board of Directors. No person will be allowed to participate in the Association's hockey program if not a member of the Association. The registration fee and a copy of the players' birth certificate, if not previously submitted, are required before this application can be considered. **Any outstanding fees due to NWAHA from previous year(s) must be made current.**

Failure to remit dues, fees and/or assessments in a timely manner may result in the immediate suspension or revocation of membership by the Board of Directors. By signing this Application, I agree to pay all dues, fees and assessments, and all other charges of membership in the Association. **I understand and agree that, if my/our account is not fully paid, my name and the delinquency may be published on the Association's web site or otherwise.**

NAMES OF PARENTS/LEGAL GUARDIANS \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent/legal guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(athlete)