



Mackinaw City Skating Association Registration  
PO Box 596  
Mackinaw City, MI 49701

## Registration Information

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Name of Player/Coach: \_\_\_\_\_

Address of Player/Coach: \_\_\_\_\_

Player Date of Birth: \_\_\_/\_\_\_/\_\_\_ Eligible for \_\_\_\_\_ Team

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Player's Home Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Will you need equipment?  YES  NO

Will you need skates?  YES  NO

Will you be coaching?  YES  NO

Player's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

-----OFFICE USE ONLY-----

USA HOCKEY ON-LINE REGISTRATION COMPLETE?  YES  NO

COPY OF BIRTH-CERTIFICATE ATTACHED?  YES  NO – If no, do we have a copy? \_\_\_\_\_



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## Payment Information - Receipt

Name of Player: \_\_\_\_\_

Division: \_\_\_\_\_

Past Due Amount \$ \_\_\_\_\_

Total Player Fee: \$ \_\_\_\_\_

Skate Rental \$ \_\_\_\_\_

Equipment Rental \$ \_\_\_\_\_

**Total amount due:** \$ \_\_\_\_\_

2009/10 Hockey Season Rates-

IP	FREE
Mite	\$250
Squirt	\$350
PeeWee - Midget BB	\$375
Girls 16U & 19U	\$375
Equipment/Skate Rental	\$40/10

Check or Cash

(please circle one)

Check # \_\_\_\_\_ Date Received: \_\_\_\_\_

Was payment received in full?  YES  NO

Authorized board member accepting payment: \_\_\_\_\_

Were payment arrangements established?  YES  NO

If yes what were they?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In order to guarantee that everyone is treated fairly we are asking that you make a commitment to the association and stick with the above mentioned payment plan. We understand that circumstances arise, but to continue to ensure the prices within our association stay reasonable we need to follow these payment plans as originally established. If you are in a situation where you need assistance please see a board member for a scholarship application or for additional instructions.

Thanks!



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## VOLUNTEER REQUIREMENTS

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TO ALL PARENTS AND PARTICIPANTS:

Effective beginning the start of the 2009 – 10 hockey season, each participant, or parent of the participant, is required to provide either a minimum of **40 hours** of volunteer time for the operation of the Association, and /or Facility, or pay \$250.00 per participant. The Board has no intention of creating a hardship on any family, nor preventing any youth from participation in our program, however, we need every ones help in providing a successful and fun season. This can only be accomplished by the team effort of all to ensure that the job gets done.

This Association, in cooperation with the Village of Mackinaw City, wants to insure the success of the program and this skating complex. Our combined efforts will help us all. The Association has agreed to operate the facility from October to mid-March, in lieu of full ice fees. This collaboration saves each of us hundreds of dollars in ice fees, and allows our youth to enjoy a great sport. Please refer to the Volunteer Tasks sheet available throughout the facility to find out what jobs are available.

Please volunteer your time, together we all win!!

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Print & Sign

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Date



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## EQUIPMENT SIGN-OUT

EQUIPMENT	OUT	IN
SKATES		
SHOULDER PADS		
PANTS		
ELBOW PADS		
SHIN PADS		
HELMETS		
SOCKS		
GARTER		
JERSEY # _____		

PLAYERS NAME: \_\_\_\_\_

DATE CHECKED EQUIPMENT OUT: \_\_\_\_\_

DATE EQUIPMENT CHECKED IN: \_\_\_\_\_

PLAYERS SIGNATURE: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

BOARD REP SIGNATURE: \_\_\_\_\_

WAS THE PLAYER CHARGED?  YES  NO

Additional fees may be assessed if all equipment is not returned to Mackinaw City Hockey Association at the conclusion of the hockey season.

NOTES: _____ _____ _____
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