



2025 2026 Fall/Winter Individual Player Registration Form

JR. AMERICANS YOUTH HOCKEY PROGRAM (JAYHP)

To register, please bring all required documents directly to ACIR and submit them at the Customer Service Desk.

Registration will open on **Monday, July 7**, first come, first served. Limited spots are available.

Session registration could close early per age division. **2025 2026 USAH Membership required at the time of registration.**

BARCODE

8u - 37465 10U - 37466 12U - 37467 Goalies - 37469

Player Name: _____ DOB: _____ Age: _____ Gender: M F

Address: _____ City: _____ ZipCode: _____

Age Division (*circle one*): **Mite 8U, Squirt 10U, Pee Wee 12U**

Experience (*LTP only, JAYHP etc.*): _____

USAH 2025 2026 #: _____

Each player will bring a white and color jersey to each practice or game.

If you are a, 8U, 10U, 12U, player, are you interested in playing goalie[^] (*circle one*): Yes No

Parent/Guardian: (A) _____ Relationship: _____

Home Phone #: (A) _____ Work Phone #: _____ Cell Phone #: _____

Email Address: (A) _____

Parent/Guardian: (B) _____ Relationship: _____

Home Phone #: (B) _____ Work Phone #: _____ Cell Phone #: _____

Email Address: (B) _____

REQUIRED REGISTRATION DOCUMENTS CHECKLIST

Ind. Reg Form ACIR Waiver Player Code of Conduct USAH 2024#

For Refund Policy please contact John McManaman JMcManaman@allentx.gov

Payment Options (check one):

☐ **Option 1** Payment (FULL): \$1300 Mite 8U /Squirt 10U / Pee Wee 12U

☐ **Option 2, Goalie Payment, \$500.00**

\$ _____

Individual player registration form and required information must accompany this form. Full payment via a check (Made to: **City of Allen**) Cash, or credit card must be submitted at the time of registration.

TOTAL FEES -----





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(CONTINUED ON BACK – 2 PAGES)

ACIR reserves the right to move any player, at any time, to an appropriate age division and/or team. If you have specific questions, please contact John McManaman, Hockey Director, by email at jmcmaman@alleneventcenter.com

ALLEN COMMUNITY ICE RINK

PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, AND WAIVER OF CLAIMS AND ASSUMPTION OF RISK

BY SIGNING THIS DOCUMENT YOU ARE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

For and in consideration of my/our participation in the programs, membership and activities offered by the City of Allen, I hereby agree to release, acquit, hold harmless, forever discharge and waive any and all claims that I/we may have against the City of Allen, its officials, officers, agents, representatives, employees, and volunteers in whole or in part, in both their private and public capacities (hereinafter collectively referred to as “releases”) from any and all actions, causes of actions, claim, demands, damages, lawsuits, costs, loss of services, expenses and compensation, whether known or unknown, on account of, or in any way arising out of or connected in any manner with my/our participation in the activities, including, but not limited to, liability, damages, injury (including death), property damage, legal fees and/or costs caused by or related to any negligent or intentional act of release. I further agree pictures taken of me and/or the registrant during the activities may be used by the City for promotional purposes in the Activity Guide, brochures, flyers, news releases or the City website.

PRINT

Date

Signature of Parent/Guardian if Minor is present

Date

