



**Refund Policy**  
 Fees are nonrefundable except on an apportioned basis in the event illness or injury prevent participation. Refund requests must be accompanied by a doctor's note. In the event a refund is issued, a \$20 processing fee will be deducted from the amount of the refund.

**Youth and Adult League Registration**

PLEASE RETURN THIS INFORMATION TO IDAHO ICEWORLD WITH:

1. PLAYER'S PAYMENT (PLEASE MAKE CHECK PAYABLE TO CITY OF BOISE)
2. SIGNED IDAHO ICEWORLD RELEASE OF LIABILITY FORM (REVERSE SIDE OF WHITE COPY)
3. SIGNED USA HOCKEY WAIVER (REVERSE SIDE OF YELLOW COPY)

**PLEASE PRINT CLEARLY**

PLAYER'S NAME \_\_\_\_\_  
 (FIRST) (M.I.) (LAST)

E-MAIL ADDRESS: \_\_\_\_\_

MALE  FEMALE D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

PARENT OR GUARDIAN'S NAME IF UNDER 18 YEARS OLD: \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**LEVEL OF PLAY (PLEASE CHECK ONE)**

YOUTH		ADULT		TEAM NAME
<input type="checkbox"/> MIGHTY-MITE	<input type="checkbox"/> SESSION # _____	<input type="checkbox"/> CLINIC		_____
<input type="checkbox"/> MITE	<input type="checkbox"/> 3 ON 3	<input type="checkbox"/> INTERMEDIATE A		_____
<input type="checkbox"/> SQUIRT	<input type="checkbox"/> CLINIC	<input type="checkbox"/> INTERMEDIATE B		_____
<input type="checkbox"/> PEEWEE	<input type="checkbox"/>	<input type="checkbox"/> INTERMEDIATE C		_____
<input type="checkbox"/> BANTAM		<input type="checkbox"/> ADVANCED		_____
<input type="checkbox"/> HIGH SCHOOL, Attending _____		<input type="checkbox"/> WOMEN'S		_____
		<input type="checkbox"/> 3 ON 3		_____

If Still in Junior High, what school do you attend? \_\_\_\_\_

USA Hockey REG # (Attach Copy): \_\_\_\_\_

LEAGUE FEE: \$ \_\_\_\_\_

DISCOUNTS: \$ \_\_\_\_\_

PAYMENT PLAN: \$ \_\_\_\_\_

EQUIPMENT FEE: \$ \_\_\_\_\_ (NON-REFUNDABLE)

TOTAL: \$ \_\_\_\_\_ (NON-REFUNDABLE)

TOTAL PAID: \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

REASON FOR DISCOUNT: \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_  
 PROGRAM DATE(S) \_\_\_\_\_  
 SALES PERSON: \_\_\_\_\_

DUE BY: \_\_\_\_\_

**\$20.00 fee will be charged for all checks returned due to insufficient funds.**

METHOD OF PAYMENT: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

(CIRCLE ONE) VISA AMEX M/C CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_