

**REDWOOD AREA HOCKEY ASSOCIATION
PLAYER REGISTRATION FORM**

Return Forms & Payment to:
RAHA
P.O. Box 204
Redwood Falls, MN 56283

Player Name: _____

Address: _____

Contact Phone: _____

Birth Date: _____ **

Grade Level: _____ School Attending: _____

Parent/Guardian #1: _____

Phone: (H) _____ (C) _____

E-Mail _____

Parent/Guardian #2: _____

Phone: (H) _____ (C) _____

E-Mail _____

For Registration Use Only:

Team Level: _____

Payment Option:
Check# _____ \$ _____
Cash \$ _____
Scholarship \$ _____
Pymt Plan \$ _____

Date Recd: _____

Hrs: _____
Fundraising: _____

**** All first time players must provide official birth certificate copy ****

**REDWOOD AREA HOCKEY ASSOCIATION
CODE OF CONDUCT ACKNOWLEDGEMENT**

Participation in hockey and in the RAHA is a privilege, which is accompanied by responsibility. As RAHA members and participants, you are asked to understand and accept the following requirements:

1. I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
2. I will be fully responsible for my own actions and the consequences of my actions.
3. I will respect the rights and property of others.
4. I will respect and obey the rules of my association and the laws of my community, state and country.
5. I will show respect to those who are responsible for enforcing the rules.

The undersigned hereby acknowledges that they have read and understand the Redwood Area Hockey Association Code of Conduct. They agree to abide by this Code of Conduct while a member of the Association.

Participant: _____

Parent/Guardian: _____

Date: _____

**REDWOOD AREA HOCKEY ASSOCIATION
STUDENT/PARENT CONSENT FOR RELEASE OF INFORMATION
(To be completed by for players grades 7-12)**

The undersigned hereby authorizes the administration of the _____ school district, to release information related to violations of the Minnesota State High School (MSHSL) rules to the Executive Committee of the Redwood Area Hockey Association (RAHA) for purposes of investigating and determining the participant's compliance with the MSHSL rules including, but not limited to, chemical/substance abuse, violent behavior, sexual, racial, or religious harassment, enrollment, attendance, and academic performance.

This release is valid for a period of time not to exceed one year from this date.

Participant: _____

Parent/Guardian: _____

Date: _____