



Masconomet Youth Hockey Association, Inc. • www.mascohockey.com

2010-2011 Travel Team Registration and Tryout Information

- All Registrations, accompanied by a non-refundable, non-transferable \$150.00 per player tuition deposit are due **no later than Wednesday, February 17, 2010**. Late registrations will be subject to a \$50 late fee.
- No player will be allowed to register or tryout if they have an outstanding balance from the 2009-2010 season. If you have questions about your balance please contact Mike Caputo, Treasurer at 978-750-1001 or mcaputo@cc-cpa.com.
- All players (including current “1” team players) are expected to attend all the tryout sessions at their respective 2010-2011 level. If you’re unsure of your child’s level next year, please refer to the Travel Team Tryout Schedule below.
- If a player cannot attend a scheduled tryout, make sure you notify Linc Murphy (978-232-9955) or Michelle Whiffen (978-697-5444) **before** the tryout session begins.
- Returning players will not be eligible for a “1” team unless they attend tryouts. Family related conflicts and illness/injury will be reviewed by the Board on a case-by-case basis.
- GOALIES - MYH has no dedicated goalies at the Mite level. All players should dress as skaters for all Mite tryouts. Goalies for all levels **except** Mites should attend tryouts at their respective levels as goalies.
- Future House League players should not attend since those registrations and tryouts will take place in the fall.
- Questions? Contact our Registrar, Michelle Whiffen, at 978-697-5444 or email: whiffen@comcast.net

Travel Team Tryout Schedule

Level (Birth Year)	Date	Time	Location
Mite (2002 & younger)	Thursday, February 25	4:55 – 6:45 PM	@ Ward Hill
	Thursday, March 18	4:55 – 6:45 PM	@ Ward Hill – NEW
Squirt (2001, 2000)	Monday, March 1	5:00 – 6:50 PM	@ Ward Hill
	Monday, March 15	5:00 – 6:50 PM	@ Ward Hill – NEW
Pewee (1999, 1998)	Thursday, March 4	4:55 – 6:45 PM	@ Ward Hill
	Monday, March 29	5:00 – 6:50 PM	@ Ward Hill
Bantam (1997, 1996)	Monday, March 8	5:00 – 6:50 PM	@ Ward Hill
	Thursday, March 25	4:55 – 6:45 PM	@ Ward Hill
Midget (1992-1995)	Thursday, March 11	4:55 – 6:45 PM	@ Ward Hill
	Monday, March 22	5:00 – 6:50 PM	@ Ward Hill

Registration and Payment Instructions

Please return the Registration and Volunteer Forms by Wednesday, February 17th with your check for **\$150.00 per child** payable to Masco Youth Hockey to:

Masco Youth Hockey Association
c/o Michelle Whiffen
28 Dixey Drive
Middleton, MA 01949



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2010-2011 Player Registration and Volunteer Form

(Mite, Squirt, Peewee, Bantam, and Midget)

Player Information

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

DATE OF BIRTH: _____ (MM/DD/YYYY)

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

Parent/Guardian (P/G) Information

P/G LAST NAME: _____ P/G FIRST NAME: _____

P/G HOME PHONE: (____) _____ P/G CELL PHONE: (____) _____

P/G LAST NAME: _____ P/G FIRST NAME: _____

P/G HOME PHONE: (____) _____ P/G CELL PHONE: (____) _____

EMAIL 1: _____ EMAIL 2: _____

BILLING ADDRESS (if different): _____

TOWN: _____ STATE: _____ ZIP: _____

CURRENT 2009-2010 TEAM: _____ TRYING OUT AS GOALIE (Y or N): _____

I give my approval and permission for my above named child to participate in the programs of the MASCO Youth Hockey Association for the 2010-2011 season. I agree to hold harmless and indemnify the Association, its Directors and Coaches from any claim arising out of the participation of my child in the program. I agree to abide by the rules of conduct of USA Hockey and the Massachusetts Hockey Association. I agree to abide by the policies of the MASCO Youth Hockey Association and be financially responsible for the fees payable to the Association.

Parent's/Guardian's Signature (required): _____

If you did not play for a Masco Youth Hockey team (including travel teams, House League, Learn to Skate and Intro to Hockey) in the 2009-2010 season; prior to tryouts, you **MUST** supply us with a current USAH Registration Number **OR** fill out a 'Waiver of Liability' form. Forms can be found at www.mascohockey.com on the forms page (USA Hockey Liability Waiver Form).

Please return one Registration Form per player along with a check for \$150.00 per player, payable to Masco Youth Hockey by Wednesday, February 17, 2010 to:

Masco Youth Hockey Association
c/o Michelle Whiffen
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Middleton, MA 01949

Please return the Coach & Volunteer information on the last page



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Coach & Volunteer Information

Volunteers run MYH and more help is always needed. Please get involved.... its fun!

NAME: _____ ADDRESS: _____

PHONE: _____

EMAIL: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Coaching (Please fill out the application form below) | | |
| <input type="checkbox"/> Team manager | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Spring Challenge | <input type="checkbox"/> MASCO Classic |
| <input type="checkbox"/> House League | <input type="checkbox"/> Tryouts | <input type="checkbox"/> Learn to Skate |
| <input type="checkbox"/> Intro to Hockey | <input type="checkbox"/> Mite Banquet | <input type="checkbox"/> Registrar Assistant |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Treasurer Assistant | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Ice Director Assistant | <input type="checkbox"/> MYH Handbook | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other (Explain) _____ | | |
| <input type="checkbox"/> MYH Board (Complete nomination form prior to annual meeting) | | |

Coaching Application: (please feel free to attach additional information)

NAME: _____ ADDRESS: _____

PHONE: _____

EMAIL: _____

Highest level played: _____ Highest level coached: _____

Youth Hockey Coaching Experience:

YEAR	PROGRAM	TEAM	POSITION

USA Hockey Patching Level:

It is a MYH policy that all coaches be patched to at least the minimum levels required by USA Hockey and Massachusetts Hockey. MYH will pay the cost for any coach to attend a USA Hockey patching clinic.

Patch Level: _____ Year: _____ Card #: _____

Preference for the 2010-2011 Season:

Please rank preference: Head Coach _____ Assistant Coach _____

Are you sure you can commit the time necessary to be a head coach? Yes: _____ No: _____

Do you wish to interview with the Board to promote your candidacy as a coach? Yes: _____ No: _____

Coach Selection:

The MYH Board selects the Head Coach for each team based upon a number of factors that vary from year to year depending upon the make-up of the teams. Assistant Coaches are based upon the request of the head coach.