Missoula Youth Hockey

2019-2020 Winter Hockey Programs



In-House Programs

In-house season runs 14 weeks – **November 4 through February 19 –** with a two-week break over the holidays (December 23-January 5). Fees include two hours of on-ice practices and games each week. Termites, mites, and squirts can choose from two (or both) sessions: November 4 – December 18 or January 6 – February 19. Bantam/High School house league will run 14 weeks (20 league games) plus playoffs.

NEW THIS SEASON Bantam/HS House teams will play in an end of season no-check tournament with teams from other communities. Tournament registration is included in the price of the program.

In-house Plus team practices start in **October** and continue into **February**. House plus teams receive an additional 10 hours of ice time and play in 2-3 tournaments during the season (additional costs are involved). Spots are limited to the first 20 players who register.

Age Division	Birth Years	Registration Fee	Fundraising Fee	Select Team Options
Termite (6U)	2013-2015	\$115 per session or \$210 for both	\$0	No Plus team
Mite (8U)	2011 and 2012	\$140 per session or \$260 for both	\$75/\$150	Add \$150 for Mite Plus team
Squirt (10U)	2009 and 2010	\$155 per session or \$285 for both	\$75/\$150	Add \$150 for Squirt Plus team
Girls Development Program	2004 and under	\$160	\$150	No Plus team
Peewee (13U)*	2006-2008	\$310	\$150	Add \$150 for Peewee Plus team
Bantam/High School**	2005 and older	\$360	\$150	No Plus team

^{*}Players who register for Peewee Plus must be birth years 2007 or 2008

In-house registrations received after November 1 are assessed a \$50 late fee

Travel Programs

Travel season runs 23 weeks – **September 23 through March 12** – with optional practices over the holidays. Fees include two to three on-ice practices each week (depending on age level), at least one dryland training per week, two tournament entry fees (home Blastoff and MAHA state) as well as 10 home-ice slots. Tryouts will be held during the first five age group practices in October.

A and B travel teams will be formed where numbers allow. Travel teams play an extensive schedule with league game requirements (based on age level) and out-of-state travel each month. The goalie clinic will be held nine times, every other Tuesday morning, beginning November 5th. All travel team players must provide a \$125 deposit for their jerseys.

Age Division	Birth Years	Registration Fee	Fundraising Fee
Squirt (10U)	2009 and 2010	\$665	\$225
Peewee (12U)	2007 and 2008	\$740	\$250
Bantam (14U)	2005 and 2006	\$840	\$275
Boys Varsity/JV	2001-2004	\$990/\$865	\$325/\$275
Girls Travel (14U)	2005-2006	\$665	\$225
Girls Varsity	2001-2005	\$990	\$300
Goalie Skills Clinic (open to house & travel)		All ages boys ar	nd girls \$95

Glacier Ice Rink | PO Box 87 | Missoula MT 59806 | 406.728.0316 | glaciericerink.com

Travel registrations received after September 15 are assessed a \$50 late fee

All in-house and travel participants must register with USA Hockey prior to hockey registration.

Contact Information

Questions regarding these programs should be addressed to Grace Hoene, Youth Hockey Director, at: 612-384-5108 or grace@glaciericerink.com.

2019-2020 Youth Hockey Registration Form

To register, please attach the following pieces of paperwork to this form (one form for each player)

- Copy of birth certificate (**new** travel or plus registrants only)
- 2019-20 USA Hockey number email/printout
- Player/Parent Code of Conduct
- Registration fee check or (fill out credit card information on next page)
- Post-dated fundraising check, dated 4/15/20 (will be returned at the end of season when fundraising fee is fulfilled)
- Concussion Statement Acknowledgement

PLAYER INFORMATION			
Name:			
Date of birth:	Gender: ☐ Male ☐ Female		
2019-2020 USA Hockey number:			
To obtain USA Hockey number, please reg	gister online at www.usahockeyregistration.com.		
DADENT	INFORMATION		

PARENT INFORMATION		
Primary Parent/Guardian Name:		
Phone:	Email:	
Address:		
Secondary Parent/Guardian Name:		
Phone:	Email:	

Email is our primary mode of communication – please provide valid email address for at least one parent.

PROGRAM REGISTRATION			
☐ House Termite (6U) Session 1 ☐ Session 2 ☐ \$115 for one; \$210 for both No fundraising	☐ Girls Development Program (ages 7-15) \$160 fee/\$150 fundraising	☐ House Bantam/ High School \$360 Fee/\$150 fundraising	☐ Bantam (14U) Travel \$840 fee/\$275 fundraising
☐ House Mite (8U) Session 1 ☐ Session 2 ☐ \$140 for one; \$260 for both \$75/\$150 fundraising	☐ Mite Plus (8U) Add \$150 to house mite fee	☐ Goalie Clinic \$95	□ Boys Varsity/JV-16U \$990 fee/\$325 fundraising or \$865/\$275 fundraising (partial refunds will be issued after tryouts as needed)
☐ House Squirt (10U) Session 1 ☐ Session 2 ☐ \$155 for one; \$285 for both	☐ Squirt Plus (10U) Add \$150 to house squirt fee	☐ Squirt (10U) Travel \$665 fee/\$225 fundraising	☐ 14U Girls Travel \$665 fee/\$225 fundraising

\$75/\$150 fundraising			
☐ House Peewee (13U) \$310 fee/\$150 fundraising	☐ Peewee Plus (12U) Add \$150 to house peewee fee	☐ Peewee (12U) Travel \$740 fee/\$250 fundraising	☐ Girls Varsity \$990 fee/\$300 fundraising
	SIIMMAI	RY OF FEES	
Registration fee:	JOHNIA	Payment plan (fill out info bel	low): □Yes □ No
Fundraising fee:		Scholarship application attac	,
Late fee (if applicable):		Total amount due:	neu. Dies Divo
Fundraising Each family is responsible for for any also choose to buy out of		d. A list of fundraising options is	s available on our website. You
Payment Make checks payable to MAYF Checks – one for registration fe	cations must be received by HA. You can buy out of funders and a postdated check for	ay registration expenses for plant November 4, 2019 raising when you register, or your fundraising dated April 15, 20 er on file to hold for fundraising	ou can provide two separate 020. If you are paying by credi
f opting for a payment plan, re	gistration fees must be paid	in full by December 31, 2019 .	No exceptions.
	CREDIT CARD	INFORMATION	
Name on card:			
Billing address, including zip	code (if different than above	s) :	
Card type: Card number:		er:	
Expiration date:		Security code (on back):	
Cardholder signature:			
	PAYMENT PLA	N INFORMATION	
Registration fee:		Initial payment:	
Second payment (Due 11/15)		Final payment (Due 12/15):	

Signature and Release:

Payment method:

I recognize that ice hockey is a physical sport with certain dangers and risks both expected and unexpected, known and unknown. I assume all risks inherent and incidental to such participation and hereby release, indemnify and hold harmless USA Hockey, Montana Amateur Hockey Association (MAHA), Missoula Area Youth Hockey Association

☐ Credit card (fill out information above)

☐ Check (attach postdated check(s)

(we) hereby acknowledge the authority of USA hockey, MAHA, and MAYHA and agree to carry out and abide by the				
nstitution, bylaws, rules, regulations and policies of the	ese associations.			
rent signature:	Da	te:		

(MAYHA) and its agents for any claims arising out of injury to this player. In addition, I hereby grant MAYHA permission