

# United Hockey Union

## Import Player Membership Registration

SEPT. 15, 2019 - APRIL 15, 2020

### Player Registration

Name of Player: \_\_\_\_\_ Team: \_\_\_\_\_

League: **CPJHL** AAU Membership #: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Player Home Country Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov \_\_\_\_\_ Country \_\_\_\_\_

Travel Visa #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

### INSURANCE INFORMATION

Do you have personal medical Insurance?  YES  NO COMPANY: \_\_\_\_\_

Player is to be provided the following Insurance Coverage through Membership in the United Hockey Union

Sports Accident Coverage and Medical Coverage: Global Sports/UNITED HOCKEY UNION / INBOUND

Coverage Limits can be found at: [www.unitedhockeyunion.com](http://www.unitedhockeyunion.com)

Sports Accident Coverage: Amateur Athletic Union Sports - Extended Coverage

Coverage Limits can be found at: [www.aausports.org](http://www.aausports.org)

*There is "NO" coverage if a player is involved in a fight which leads to injury or claims filed.*

MEMBERSHIP PAYMENT - \$950 SEPT. 15, 2019 - APRIL 15, 2020

By entering my name below I hereby authorize UHU to have issued primary medical and sports accident insurance in my name and accept and acknowledge all terms and conditions presented to me during the application process for membership in the UHU.

**NOTE: THIS MUST BE SIGNED BY THE PERSON APPLYING FOR MEMBERSHIP OR A PARENTALLY APPROVED REPRESENTATIVE FOR YOUTH APPLICANTS (players 17 and under).**

Player digital signature: \_\_\_\_\_

Date: \_\_\_\_\_