

Crawford County Youth Hockey Association
2011 – 2012 Season
www.ccyha.net

FEES

- (1) \$35 (players 6 and over) USA Hockey Registration.
- (2) Season fees:
 - 1. \$185 mini-mites (birth year 2005 ,2006, 2007)
 - 2. \$340 Mite (birth year 2003, 2004), Squirt (birth year 2001, 2002), PeeWee (birth year 1999, 2000)
 - 3. \$160 Banget (birth year 1998 - 1993)
 - 4. Learn to Skate for Hockey \$65

PAYMENT OPTIONS:

- (1) Paid in full up front by Pay Pal on CCYHA website or by check
- (2) 10 month payment plan beginning May 2011 – February 2012 through Pay Pal on CCYHA website
- (3) 5 month payment plan beginning September 2011 – February 2012 through Pay Pal on CCYHA website
- (4) 3 monthly payments beginning September 2011 – November 2011, cash or check. To be given to the Treasurer or deposited in CCYHA collection box in the MARC lobby.

Are you registering for Learn to Skate for Hockey? Yes No

***Most of our communication efforts are done through email. Please provide the email that you check frequently.**

House Ice Times:

Monday - 9:45pm – 10:45 NOHL				Friday - 9:15pm - 10:15 NOHL		
Tuesday				Saturday		
5:15pm	6:15pm	MiniMite		10:30am	12:00	PeeWee
6:30pm	8:00pm	Mite		12:15pm	1:45	Squirt
Wednesday – 9pm – 10pm Banget				Sunday		
Thursday				12:45pm	1:45pm	Mini Mite
5:00pm	6:00pm	Squirt		4:15pm	5:15	Mite
6:15pm	7:15pm	Squirt		5:30pm	6:30	Mite
7:30pm	8:30pm	PeeWee		8:15pm	9:15	NOHL
8:45pm	9:45pm	PeeWee				

CCYHA Registration
2011- 2012 Season

Player Name (Last, First): _____ Date of Birth: _____ Division 2011- 2012 season: _____

Parent/Guardian Name: _____ Other Contact Person: _____

(City, State, Zip): _____ Primary Phone: _____ Secondary Phone: _____

Primary Email Address: _____ Secondary Email Address: _____

Citizenship (USA or Other): _____ Contact Information: Address (Street): _____

PARTICIPANT



USA HOCKEY

CODE OF CONDUCT

NAME: _____

To be read and signed by you as a member of Crawford County Youth Hockey Participating in USA Hockey for the 2011 - 2012 season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____



USA HOCKEY
CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____ (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ Date: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit www.usahockey.com or call USA Hockey at 719-576-USAH.

(over, please)

MEDICAL HISTORY FORM
(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No

Please specify: _____

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other: _____		

Impaired vision	Yes	No
Impaired hearing	Yes	No
Other: _____		

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? _____ Explain: _____



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

_____ Date Signed _____
PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)

This form to be retained by local program.