



Rustin Ice Hockey
Elementary
Registration Check List

Player's Name _____

Grade _____ Current Jersey # _____

_____ Player Information Form

_____ Financial Responsibility Agreement

_____ USA Hockey Confirmation Page

(Go to www.usahockey.com to register on line)

_____ USA Hockey Consent to Treat/Medical History Form

_____ Code of Conduct Form

_____ Initial Down payment Check made out to "Rustin Hockey Club"
Credit cards now accepted.

ADDITIONAL FORMS

_____ Uniform Order Form

_____ Copy of Birth Certificate (if new to Rustin Hockey Club)

BAYARD RUSTIN ICE HOCKEY CLUB

2013-2014

Player Information Form



Today's Date _____

Player's Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Player Email _____ Cell _____

School attending in fall _____ Grade in fall _____

Club Team _____ Years of Experience _____

Position _____ Current Jersey # _____

Sibling(s) who may play hockey for Rustin _____

Father's Name _____ Cell _____

Email _____

Mother's Name _____ Cell _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

I would like to volunteer to help for the following committee(s):

Banquet _____ Level Coordinator _____

Senior Night _____ Beef and Beer _____

Team Photographer _____ Spiritwear Sales _____



**RUSTIN ICE HOCKEY CLUB
2013-2014**

FINANCIAL RESPONSIBILITY AGREEMENT

PLAYER'S NAME (PRINT): _____

My signature below indicates that I understand and agree to the following conditions:

1. By registering with the Rustin Ice Hockey Club, I am making a commitment that the player named above will play for the Rustin Ice Hockey Club. All placements on individual teams are made at the sole discretion of the coaches. Players will play on the team they are selected for.
Registration fees are non-refundable.
2. Failure to make any payment, by its due date, may result in immediate suspension of the player until payment is received. No player may participate in any on-ice or off-ice activities while under suspension. Players can not tryout unless current in their fees.
3. All checks are payable to the **Rustin Hockey Club**. Subsequent payments after registration to be mailed to the Rustin Hockey Club treasurer: Travis Lamb, 107 Berwick Drive, West Chester, PA 19382. **Payments should not be given to coaches.**
4. Club and other fees are due as follows:
 - a. Initial Registration fee: K-4 = \$100, Grades 5-12 = \$250.
This amount is a non-refundable deposit towards total Club fees.
 - b. Balance of fees due in the fall of 2013. Elementary balance of \$550. Middle School balance of \$1,000. High School balance of \$1250.
5. Refund of club dues are only granted if a player suffers a season ending injury. The amount refunded is based on the following timeframe:

September thru October – Full refund
November/December – 50% refund
January – 33% credit applied to following year's dues
6. All Rustin Ice Hockey players and parents are bound by the Rustin Ice Hockey Club By-laws, Code of Conduct and Disciplinary Policy which can be accessed on the website: www.rustin-ice.org

Parent/guardian responsible for payment:

Print Name

Signature

Date Signed



USA Hockey

Consent To Treat/Medical History Form



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:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **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 usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Injury
<i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

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

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.

USA HOCKEY PARTICIPANT CODE OF CONDUCT 2013-2014 Hockey Season

INSTRUCTIONS:

Print this page, fill it out, sign it and date it.

Submit completed form with other registration materials to your local USA Hockey Associate Registrar.

PRINT NAME OF PARTICIPANT: _____

I have read and signed this form as a member of the
_____ team participating in USA Hockey for
the 2013-2014 playing 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.
5. There will be no drinking, smoking, chewing of tobacco, or use of illegal substances at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during any team function.
7. I understand that players or team officials who cannot abide by these rules or who violate them will be subject to further disciplinary action.

Signature: _____ Date: _____