

*Cheboygan Hockey
Association*

*2013-2014
Season Registration
Checklist*

Registration Dates: **September 11th , 2013 (6:00 P.M – 9:00 P.M.)**
 September 12th , 2013 (6:00 P.M. – 8:00 P.M.)

Registration Requirements: Please complete the following checklist and bring all completed documentation listed below to registration: (Digital Signature(s) NOT ACCEPTABLE)

- ☐ Season Registration Form
- ☐ Participant Code of Conduct for USA Hockey
- ☐ Consent to Treat/Medical History Form for USA Hockey
- ☐ Copy of player(s) Birth certificate, required at registration.
- ☐ Two (2) Checks payable to: **Cheboygan Hockey Association**
(One for Season Registration & One for jersey deposit.)
- ☐ USA Hockey Player(s) registration, please go to the following link and register player(s): https://www.usahockeyregistration.com/login_input.action Print the registration confirmation.
- ☐ **All Parents/guardians** that enter locker rooms and dressing areas must complete a Michigan Amateur Hockey Association (MAHA) Background Check, please complete the background check and bring a copy of your confirmation to registration. There is not cost for the background check. To register please visit: <https://www.maha.org/CoachingBackgroundCheck.aspx>
- ☐ Photography consent Form; if player is under age of 18, parent/guardians signature required.
- ☐ Concussion Management Program and Concussion Statement Form Parents and Participants.

For Parents who wish to coach:

- Please Register at the following link (\$40.00 Fee): https://www.usahockeyregistration.com/login_input.action
- Coaches will also be required to have completed coaches certification modules applicable to the players age group.
- Coaches are required to Complete USA Hockey SafeSport Training Program (Free) at the following link: <http://www.usahockey.com/Safesport/Training.aspx>; Certificates shall be given the CHA Board.
- Coaches are required to Complete CDC “ Heads Up” Concussion In youth Sports (Free) at the following link: http://www.michigan.gov/mdch/0,4612,7-132-54783_63943---,00.html ; Certificate shall be given to the CHA Board.

For Parents who wish to be ice Managers/Volunteers: (i.e. Bench Assistance, Does not allow access to the ice during practices or games) Please Register at the following link (No Fee): https://www.usahockeyregistration.com/login_input.action

A **Mandatory** Parents meeting will be scheduled for later date after registration is completed.

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How to complete Form:

1. Print all requested Player/ Parent Information
2. Find Players Age/ Division and place a check by your selected registration fee in the REGISTRATION FEE SCHEDULE below.
3. Read REGISTRATION INFORMATION Section on payment and Volunteer Time and Place a check by your choice of registration and sign

Please Print	Last Name:	First Name:	Birth Date:	Age:	Gender:
Players Name:	Street	City	State	Zip	
Address:					
Father's Name:	Last Name:	First Name:	E-mail:		
			Home Phone:		
			Work Phone:		
Mother's Name:	Last Name:	First Name:	E-mail:		
			Home Phone:		
			Work Phone:		

FOR ALL LEVELS, DIVISION IS DETERMINED BY AGE ON DECEMBER 31, 2013
REGISTRATION FEE SCHEDULE

Player's Age/ Division	Check Box	Full Sign-up	Volunteer Sign-up	Obligated Hrs. Required
17/18 Midgets BB		\$660.00	\$510.00	12
15/16 Midget B		\$660.00	\$510.00	12
13/14 Bantam		\$615.00	\$465.00	12
Girls Team		\$580.00	\$430.00	12
11/12 PeeWee		\$580.00	\$430.00	12
9/10 Squirt		\$520.00	\$370.00	12
7/8 Mite (1 st yr. Free)		\$475.00	\$325.00	12
5/6 Mini-Mite (Season 1; Oct. – Dec.) (1 st yr. Free, 2 nd yr. \$75.00, 3 rd yr. \$125.00)				6
5/6 Mini-Mite (Season 2; Jan. – March) (1 st yr. Free, 2 nd yr. \$75.00, 3 rd yr. \$125.00)				6

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REGISTRATION INFORMATION: MAKE CHECK(S) PAYABLE TO: **CHEBOYGAN HOCKEY ASSOCIATION**

Payment Plan: For your player(s) to be registered, payment must be made in full by: September 12th, 2012
Late payments/registration will result in a \$50.00 fee.

Obligation Time

Choice: Selecting this option obligates the parents/ guardian to complete the allocated time for volunteer hours. Failure to meet this chosen obligation will result in your player being unable to compete until **FULL PAYMENT** is made, and your loss of option to have reduced registration fees in the future.

Check Box Below for Choice of Registration

- ☐ Full Registration Fee with NO Volunteer Time. To be paid at Registration Date (**NOT APPLICABLE to 5/6 Mini-Mite**)
- ☐ Reduced Registration with 12 hours Obligated Time. To be paid at Registration Date.
- ☐ 5/6 Mini-Mite Registration with required 6 hours Obligated Time. 2nd and 3rd yr. to be paid at Registration Date.
- ☐ Check this box if your child's Birth Certificate was given to Association last year.

Sign Below to verify your choice of Registration

Parent or Guardian Signature

FOR OFFICE/ ASSOCIATION USE ONLY:

Registration Fee: \$ _____	Form Verification		
Equipment Rental Fee: \$ _____	Birth Cert. _____		
Late Fee: \$ _____	Code of Conduct _____		
	Consent to Treat _____ Liab. Waiver _____		
Total Fees: \$ _____	Check # _____	Initials _____	Date Paid _____
Total Paid: \$ _____			/ /
Balance Due: \$ _____			



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____

Participating in USA Hockey for the _____ 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/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.

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

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
(concussion, skull fracture) | <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.

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Photography Consent*

I hereby consent to be photographed and videotaped, and/or have my personal likeness recorded through other visual means (collectively, referred to as "Personal Images"), and authorize Cheboygan Hockey Association and/or its affiliates (collectively, CHA) to use, release, publish, exhibit, post on the Internet, in CD-ROMs or any other medium any of my Personal Images, as described below and understand and acknowledge by signing this consent form the following:

- By signing this form, I hereby give permission to CHA to use my Personal Images in whatever medium deemed appropriate by CHA for any of the following purposes: (i) public relations; (ii) advertising; and (iii) marketing activities. CHA will not use the Personal Images for any other purposes.
- I understand that my Personal Images may be seen and used by CHA throughout the world, and hereby give consent to such worldwide use for the purposes stated in this consent form.
- I understand that my consent is voluntary, that I am not required to sign this consent and that I may in fact refuse to sign it, thereby prohibiting CHA from obtaining or using any Personal Images of me.
- I have the right to revoke my consent at any time, which revocation must be in writing and submitted to CHA c/o Nate King, Sales/Multimedia Production, Northern Lights Advertising, E-mail: nking@northernlightsadvertising.com.
- I release and discharge CHA, its officers, agents, and each and all persons involved in creating my Personal Images from any liability connected with the taking, recording, filming or photographs, slides, computer images, videotapes or voice recordings.
- I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication of my Personal Images, irrespective of whether a fee for its use is charged by any third party.

I declare that I am eighteen (18) years old or older and am legally competent to execute this Consent and Release Form under the laws of my country or that I have acquired the written consent of my parent or legal guardian. I understand that the terms herein are contractual and not a mere recital, and that this Consent and Release Form is legally binding on me.

I have read and fully informed myself of the contents of this Consent and Release Form before signing it. I have had an opportunity to ask questions about the use of my Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form.

Player/ Individual Name: _____
Player/ Individual Signature: _____
Player/ Individual Address: _____
Player/ Individual Phone: _____
Date: _____

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If Individual is under 18, the parent or legal guardian must sign.

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form, (ii) I have the legal authority to represent the above named minor (iii) I have read and understand this Consent and Release Form and (iv) I have had an opportunity to ask questions about the use of the above named minor's Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form on behalf of the above named minor.

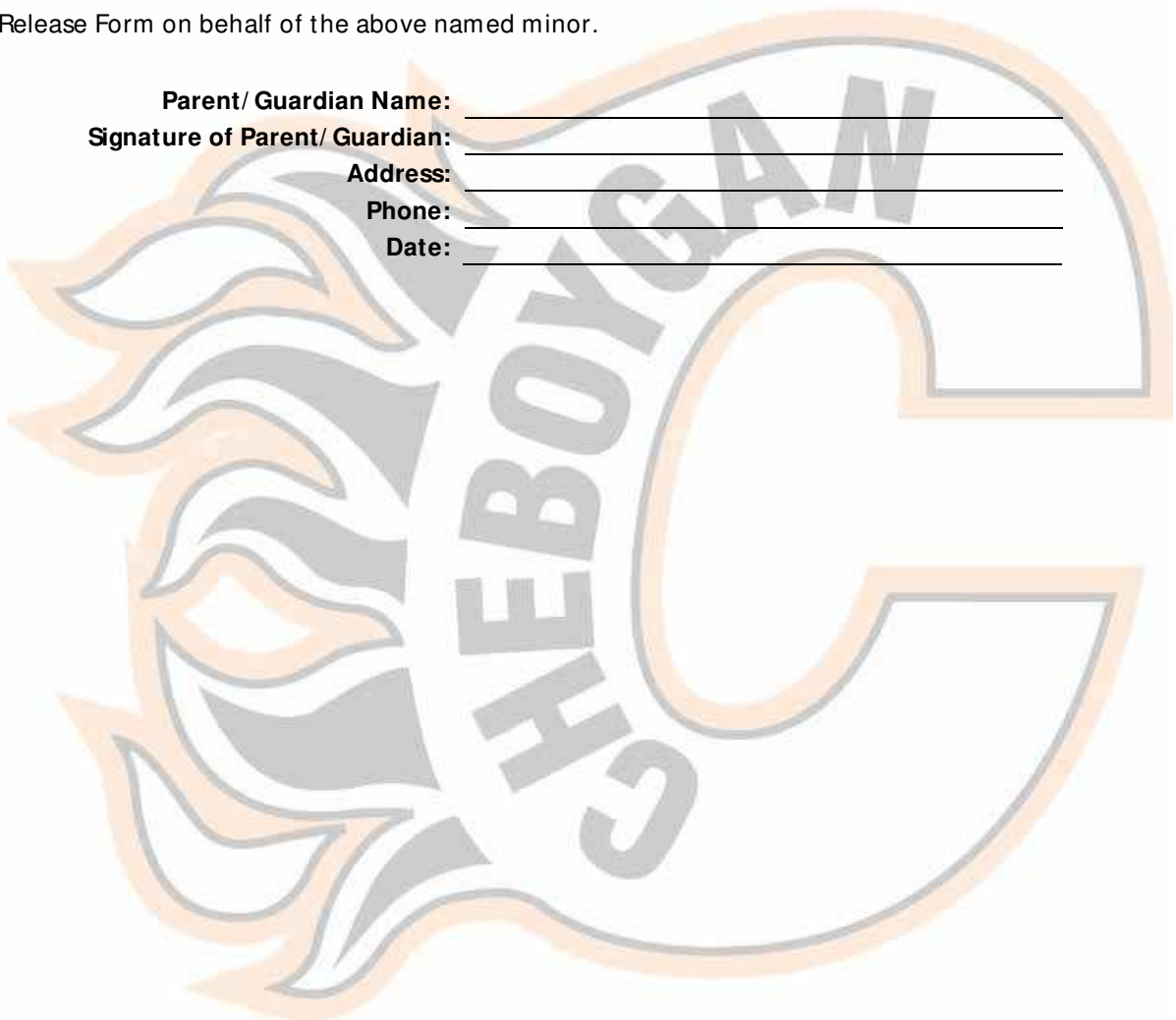
Parent/ Guardian Name: _____

Signature of Parent/ Guardian: _____

Address: _____

Phone: _____

Date: _____



**USA Hockey Concussion Management Program
(as adopted by MAHA, with revisions 12/7/12)¹**

**Michael Stuart MD
Alan Ashare MD**

A concussion is a traumatic brain injury- *there is no such thing as a minor brain injury.*

A player does not have to be “knocked-out” to have a concussion- *less than 10% of players actually lose consciousness.*

A concussion can result from a blow to head, neck or body. Concussions often occur to players who don’t have or just released the puck, from open-ice hits, unanticipated hits and illegal collisions.

The youth hockey player’s brain is more susceptible to concussion. In addition, the concussion in a young athlete may be harder to diagnosis, takes longer to recover, is more likely to have a recurrence and be associated with serious long-term effects.

This Policy applies to the youth athlete, as defined as an individual who participates in a MAHA activity and who is under 18 years of age.

Diagnosis

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

Symptoms

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

¹ The USA Hockey Concussion Management Program and Post Concussion Functional Return to Play protocols were prepared by Drs. Michael Stuart and Alan Ashare. Additional materials regarding concussion management are located on the USA Hockey website (www.usahockey.com).

Signs

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily
- Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can't recall events after the injury
- Can't recall events before the injury

Management Protocol

1. If the player is unresponsive- call for help & dial 911
2. If the athlete is *not breathing*: start CPR
 - ✓ DO NOT move the athlete
 - ✓ DO NOT remove the helmet
 - ✓ DO NOT rush the evaluation
3. Assume a neck injury *until proven otherwise*
 - ✓ DO NOT have the athlete sit up or skate off until you have determined:
 - no neck pain
 - no pain, numbness or tingling
 - no midline neck tenderness
 - normal muscle strength
 - normal sensation to light touch
4. If the athlete is conscious & responsive without symptoms or signs of a neck injury...
 - help the player off the ice to the locker room
 - perform an evaluation
 - do not leave them alone
5. Evaluate the player in the locker room:
 - Ask about concussion **symptoms** (How do you feel?)
 - Examine for **signs**
 - Verify **orientation** (What day is it?, What is the score?, Who are we playing?)
 - Check **immediate memory** (Repeat a list of 5 words)
 - Test **concentration** (List the months in reverse order)
 - Test **balance** (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
 - Check **delayed recall** (repeat the previous 5 words after 5-10 minutes)
6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

“When in doubt, sit them out”

- Remove immediately from play (training, practice or game)
- Inform the player’s parents
- Refer the athlete to a qualified health-care professional
- Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

- Severe throbbing headache
- Dizziness or loss of coordination
- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

8. An athlete who is *symptomatic* after a concussion requires complete ***physical*** and ***cognitive rest***.

- A concussed athlete should not participate in any physical activity, return to school, play video games or text message if he or she is having symptoms at rest.
- Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

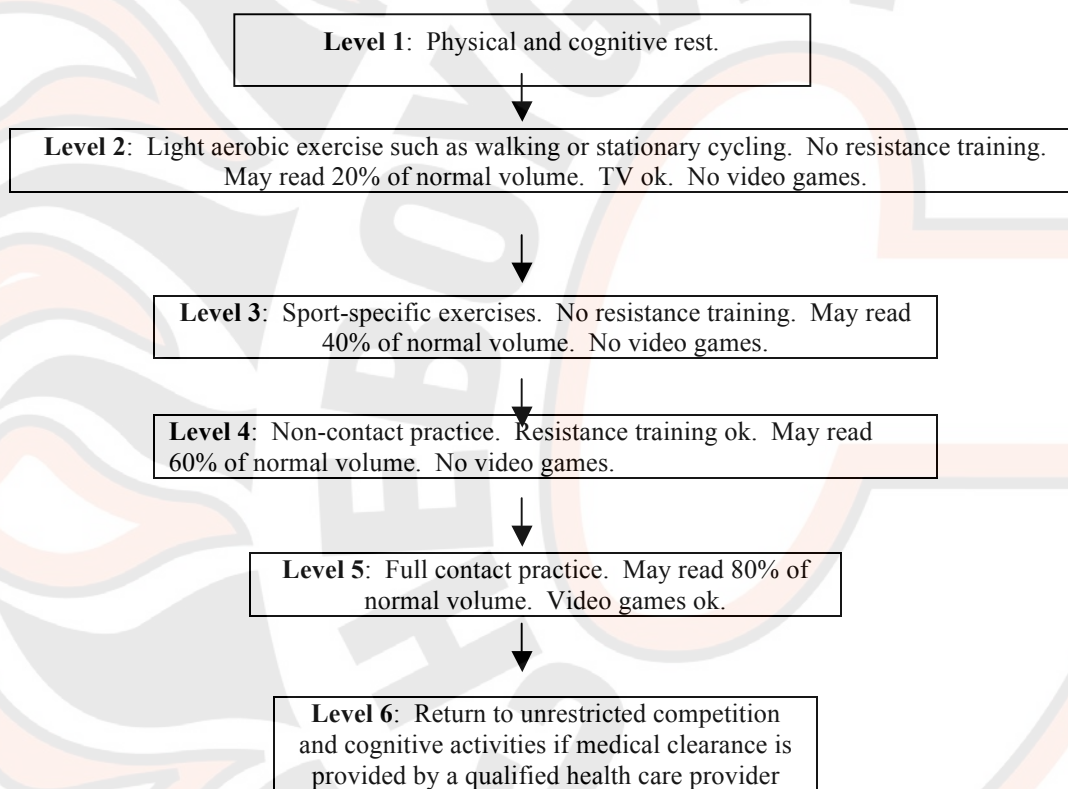
9. The athlete cannot return to participate in any team activities until the organization receives written authorization from an appropriate health professional. The organization must retain a copy of the written clearance for the duration of the youth athlete’s participation in the MAHA or until the youth athlete is 18 years of age.

10. Although not required, a local association may refer to USA Hockey’s Post-Concussion Functional Return to Play Protocols, set forth on Page 4, for further follow-up if an athlete has sustained a concussion.

USA Hockey Post-Concussion Functional Return to Play Protocol

This protocol should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a qualified health care provider. ***If symptoms appear during a functional test, the test should be stopped and the athlete monitored until symptoms resolve.*** No further functional testing should be performed that day. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains asymptomatic. If symptoms do not resolve, appropriate medical attention should be obtained.

After each phase of functional testing, the presence of post-concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires ***a minimum of 1 day*** before progressing to the next phase.





Michigan Amateur Hockey Association

We have been provided the MAHA / USA Hockey Concussion Management educational materials. It is our responsibility to read them and ask questions if there is a need. We have also been advised that we should visit the Centers for Disease Control and Prevention's information page, *Injury Prevention & Control: Traumatic Brain Injury* for more information. (www.CDC.gov)

Participant's name: _____
Please print

Participant's signature: _____
Please sign

Participant's Parent/Legal Guardian's name: _____
Please print

Parent/Legal Guardian's signature: _____

Today's date: _____

Witness: _____
Print name

Title: _____
Please print

Signature: _____

Participant's Birth Year: _____

