



Glacier Youth Hockey

Youth League Registration Form 2013

SEASON: FALL / WINTER / SPRING / SUMMER YEAR: 2013

PLAYER LEVEL: 8 and Under / 10 and Under / 12 and Under / 16 and Under

FIRST NAME: _____ LAST NAME: _____

USA HOCKEY ID: _____ (14 DIGITS)

DATE OF BIRTH: ___/___/___ POSITION: FORWARD / DEFENSE / GOALIE

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: (____) _____

MOTHER'S NAME: _____ CELL: (____) _____

FATHER'S NAME: _____ CELL: (____) _____

EMAIL (REQUIRED): _____

JERSEY SIZE: YTH SM-MED / YTH LG-XLG / SMALL / MEDIUM / LARGE / X-LARGE

PLEASE COMPLETELY FILL-OUT REGISTRATION FORM AND SUBMIT WITH FULL PAYMENT TO THE PRO-SHOP

PARTICIPATION AGREEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK

By signing this document you may be waiving certain legal rights, including the right to sue

TO: The Arena, Artic Fun Inc. d/b/a Glacier Ice and Snow Arena, and their owners, officers, directors, agents, employees, and/or representatives.

ASSUMPTION OF RISK: I am aware that ice-skating involves certain inherent risks, dangers and hazards, which can result in serious personal injury or death. I am also aware that ice skating arenas contain potential dangers to the ice-skating public. As such, I hereby freely agree to assume and accept any and all known and unknown risks of the injury while participating in ice skating activities. I further recognize and acknowledge that the risks inherent in the sport of ice-skating can be greatly reduced by taking lessons, abiding by the Skater Responsibility Code (now known as "Your Responsibility Code") and using common sense.

RELEASE AND WAIVER OF CLAIMS AGREEMENT: In consideration of allowing me to participate in the League's ice skating activities at the Arena,

I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the Arena and/or the League resulting from the League's activities at the Arena.
2. TO RELEASE the arena from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the activity described in this Agreement, due to any cause whatsoever, **including the negligence or breach of contract** on the part of the Arena and/or League in the operation, supervision, design, or maintenance of the Arena;

ARBITRATION: In further consideration of allowing me to participate in the League's ice skating activities in the Arena, I hereby agree to submit to binding arbitration and any and all claims which I believe I may have against the Arena and/or the League arising from the League's activities at the Arena. The arbitration shall be pursuant to the rules of the American Arbitration Association. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date on which any alleged claim first arose. Further, the arbitration shall be held in the town where the Arena is located, unless other wise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and any court of competent jurisdiction may enforce the arbitration award.

BINDING EFFECT OF AGREEMENT: In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

ENTIRE AGREEMENT: In entering into this Agreement, I am not relying upon any oral or written representations other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ARENA AND THE LEAGUE.

PLAYER FEES ARE NOT REFUNDABLE.

Parent or Guardian

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.

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.

Head Injury Asthma Allergies _____

(*concussion, skull fracture*) High blood pressure Diabetes

Fainting spells Kidney problems Other _____

Convulsions/epilepsy Hernia _____

Neck or back injury 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
2012-2013 Hockey Season**

INSTRUCTIONS:

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

Submit this 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 _____ team
participating in USA Hockey for the 2012-2013 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 violates them will be subject to further disciplinary action.

Signature: _____ Date: _____

GLACIER YOUTH HOCKEY

FAIR PLAY AND RESPECT PROGRAM PARENT'S CODE OF CONDUCT

It is the intention of this compact to promote Fair Play and Respect for all participants within our hockey program and SAHOF Hockey. It is expected that all parents of Glacier Hockey participants read and understand the Parent's Code of Conduct and continue to observe and follow all the principles contained within the Code throughout the year.

1. I will not force my child to participate in hockey. I will try to make it FUN!
2. I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.
3. I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of the game. I will make my child feel like a winner every time by offering praise for competing fairly and hard.
4. I will never ridicule or yell at my child for making a mistake or losing a game.
5. I will remember that children learn by example. I will applaud good plays by both my child's team and their opponents. I will not be critical of, or embarrass any player, including opposition players.
6. I will never question the official's judgment or honesty in public. I recognize that officials are being developed in the same manner as players.
7. I will respect and show appreciation for the volunteers who give their time to hockey for my child.
8. I will never yell, taunt, threaten, or inflict physical violence upon a player, coach, official, or spectator at any youth hockey activity. I will refrain from the use of abusive or vulgar language, racial, ethnic, or gender-related slurs at any time at the rink or any youth hockey function. I will support all efforts to remove verbal and physical abuse from all youth hockey games.
9. I will leave the coaching to the coaching staff. I will encourage my child to play in a manner consistent with the team's strategy or plans.
10. I will emphasize skill development and a serious approach to practices and explain how skill development will benefit my child.
11. I will attempt to learn about the game of hockey (USA Hockey Rules, Equipment, Levels, Skills, etc.) so that I may best support my child's development in the game.
12. I will not throw objects of any kind on the ice, or lean over and pound on the glass.
13. I will communicate all and any concerns regarding inappropriate behavior to the team manager, coach, ACE (Association Coaching Education) Coordinator or local youth hockey association representative.
14. I will insist that my child plays in a safe and healthy environment. I will support a sports environment that is free of alcohol drugs or tobacco and I will refrain from their use at all youth sports events.
15. I understand the benefits from participating in a team sport, the commitment, the discipline, and the social skills learned and acquired.
16. I will remember that my child plays hockey for his or her enjoyment, not mine.

I have read and understand the above Code of Conduct, and agree to abide by it's guidelines at all team and league activities. I understand that if I do not follow this Code of Conduct, I may be asked to leave the league activity (such as game or practice) or I may be asked to withdraw my child from the league.

Print Name: _____ Date: _____

Sign: _____