


 UVHA  
On-Line  

 Code of  
Conduct  

 Consent to  
Treat  

 USAH  
Number  

Greater LeBanon Youth Hockey Association &amp; Hartford Youth Hockey Association

# UPPER VALLEY HOCKEY ASSOCIATION

 uvha.goalline.ca  
Post Office Box 195  
Hartford, Vt 05047

## 2014/2015 Hockey Registration Form

 Player Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone (land) : \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
 Parent-Legal Guardian Name (s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

 OFFICE USE ONLY:  
 Check Number: \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Initials: \_\_\_\_\_

By providing your email address you accept all types of correspondence with the UVHA.

 USA Hockey Registration Number: \_\_\_\_\_ (Your registration will not be accepted without this number)  
 - Do not use last years number.

PUBLICATION OF PLAYER'S PHOTO - I give permission to have my child's photo to be posted on the UVHA website and to be published for promotional purposes. UVHA will not sell or distribute such images. \_\_\_\_\_ yes

HOCKEY LIABILITY RELEASE - I understand that the risk of injury from hockey is significant and the risk of serious injury does exist including the potential for paralysis and death. I also understand particular rules, equipment and personal discipline may reduce this risk. By my child's participation, I knowingly assume all such risks, both known and unknown. I assume all risks and dangers incident to my child's participation in the program and arising out of the use of the Wendell A. Barwood Arena or the James W. Campion Rink and any other facilities that may be used during the program. I also understand that the UVHA (GLYHA &amp; HYHA) assumes no responsibility for property loss, damage or personal injury.

Parent-Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration & Fees*			Registration & Fees*			Amount Paid: Total Paid: _____
Team-Birth Year	Before Jun 25	as of June 25	Team-Birth Year	Before Jun 25	as of June 25	
___ Termites	\$ 150	\$ 150	___ Squirts 2004-2005	\$ 850	\$ 950	
___ House Mites 2006-2007	\$ 450	\$ 500	___ PeeWees 2002-2003	\$ 850	\$ 950	
___ Travel Mites 2006-2007	\$ 550	\$ 600	___ Bantams 2000-2001	\$ 900	\$ 1000	
___ Girls	\$ 400	\$ 400				

Rates for the 2014/2015 season pending ice rental costs. Please make checks payable to UVHA. \* A \$100 registration fee is not refundable on all levels. # See Website for more information.

The UVHA will supply two (2) game jerseys to each travel team player. These jerseys must be returned at the conclusion of the season (by the Annual Meeting) to the team parent representative or coach. For any jersey that is not returned, or returned with damage other than normal wear and tear, a fee to cover the full replacement cost (\$75) of that jersey will be assessed by the UVHA.

### Additional Information

- Skills sessions for all travel teams will be held on a regular basis.
- Registration will be available on-line this year (look for updates about this on the website): <http://uvha.goalline.ca/index.php>
- Full payment is due October 15, 2014.
- Financial Assistance is available. Submit form found on website before Jun 25, 2014. Please note you must pre-register to be eligible for financial assistance.
- Register player online, USA Hockey [www.usahockeyregistration.com](http://www.usahockeyregistration.com) and send confirmation to Registrar
- A NH or VT Player Release Form must be submitted if player is a transfer from another association
- All fields of this form must be filled out
- Please date all forms after September 1, 2014 ("Code of Conduct & "Consent to Treat")
- Forms and information at <http://uvha.goalline.ca/index.php>

If you have questions contact the UVHA Registrar,

 - **Kylie Ammel at:** [kylieAbefit-pt.com](mailto:kylieAbefit-pt.com)

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

COACH     PLAYER

LEGAL NAME    L | A | S | T |    F | I | R | S | T |    M | I |

MAILING ADDRESS    DATE OF BIRTH    M | M | D | D | Y | Y |

CITY    STATE    ZIP CODE

GENDER     Male     Female    E-MAIL

PHONE    CITIZENSHIP     U.S.     Canada     Other



### 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 above. 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.

As further consideration for registration and participation in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable), hereby (1) consents and agrees that USAH, its licensees and designees may make video and/or audio recordings of and/or otherwise film, photograph or memorialize some or all of participant's participation in such events and activities, and (2) grants to USAH, its licensees, designees, successors and assigns, a worldwide, perpetual, irrevocable, fully-paid, royalty-free, transferable and sublicenseable right and license to use, copy and disseminate participant's image and personal attributes, and to modify and present same in any form, manner and media, now known or hereafter devised, for any purpose whatsoever.

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.

PARTICIPANT SIGNATURE \_\_\_\_\_

Age \_\_\_\_\_ Date Signed \_\_\_\_\_

PARTICIPANT NAME (please print) \_\_\_\_\_

Date Signed \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE (if participant is 17 years of age or younger) \_\_\_\_\_



# 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 \$50,000, 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<br><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**

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: \_\_\_\_\_