



## HNJ Registration and Medical Release Form

Participant Information			
<b>Name:</b>			
<b>Date of birth:</b>	<b>Gender:</b> Male    Female	<b>Phone:</b>	
<b>Current address:</b>			
<b>City:</b> Englewood    Jersey City    Newark	<b>State:</b>	<b>ZIP Code:</b>	
<b>Current School:</b>		<b>Grade:</b>	
<b>Jersey Size:</b> YS/YM    YL/YXL    Small    Medium    Large    XL    XXL/Goalie			<b>Shoe Size:</b>
Contact Information			
<b>Father's Name:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	
<b>Mother's Name:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	
<b>E-Mail Address(es):</b>		<b>Can HNJ send info via text?</b> Yes    No	
Emergency Contact			
<b>In an emergency when parents cannot be reached, please contact</b>			
<b>Name:</b>	<b>Cell Phone:</b>	<b>Home Phone:</b>	
Medical Information			
<b>Allergies:</b>			
<b>Other Medical Conditions:</b>			
<b>Participant's Physician:</b>		<b>Physician's Phone:</b>	
<b>Primary Medical Insurance Company:</b>			
<b>Policy Holder:</b>	<b>Policy #:</b>	<b>Group #:</b>	

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with ice hockey and in consideration for Hockey in New Jersey accepting the registrant for its ice hockey programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Hockey in New Jersey, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of rinks and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## **IMPORTANT NOTICE FOR PARENTS**

### **HNJ MEDIA CONSENT FORM**

In accordance with the Freedom of Information and Protection of Privacy Act, Hockey in New Jersey is seeking your consent to take, retain and use photographs, videos and/or names of individual students and groups of students in a variety of publications to inform others about the HNJ Program. This could include the following:

- HNJ newsletters, brochures, newspapers, magazines, reports and/or website
- Outside media such as newspapers, magazines, television, radio and/or online publications: (this involves permission for your child to be photographed and/or interviewed by the media (i.e. TV, radio, newspaper) for events relating to the Hockey in New Jersey Program).
- Videos, DVDs, CD, for educational and promotional purposes

I do give my consent for my child's photograph/name and comments to be used for the purposes consistent with the above for this year.

I do not permit my child's photograph/name or comments to be used for the purposes consistent with the above for this year.

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**Name of Student**

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**Name of Parent/Guardian**

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**School**

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**Date**



## Hockey in New Jersey Cell Phone/Locker Room Policy

Cell phones and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras, are **NOT** permitted to be used in the locker rooms. If phones or other mobile devices must be used, they should be taken outside of the locker room.

Prior to entering the locker room, cell phones must be turned OFF. While in the locker rooms, cell phones should not be in sight and kept away at all times.

Any misuse of cell phones in locker rooms will result in the following penalties:

- Cell Phone Out or Present in Locker Room = 1 Week Suspension
- Texting/Calling in Locker Room = 1 Month Suspension
- Taking Pictures/Videos Locker Room = 3 Month Suspension

Any HNJ participant who engages in any act of cell phone misuse/bullying is subject to appropriate disciplinary action including but not limited to suspension, permanent suspension and/or referral to law enforcement authorities.

Readmission into the program after any such penalty is contingent on a Restorative Meeting with involved parties and parents.

**Participant Name** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Hockey in New Jersey Participant Survey

The following survey is to help us better understand the children and families Hockey in New Jersey serves. Please complete the following questionnaire. Thanks for your participation in Hockey in New Jersey.

Is English the primary language spoken in your household?

Yes No If no, which language is your primary household language \_\_\_\_\_

Are you a US Citizen?

Yes No Choose Not To Disclose

How many children do you have in your household that are (Please circle):

6 years and younger	1	2	3	4	5
6 through 10 years old	1	2	3	4	5
10 through 14 years old	1	2	3	4	5
14 through 18 years old	1	2	3	4	5

What is your ethnicity?

American Indian or Alaskan Native  
Asian  
Black or African-American  
Hispanic/Latino  
White  
Two or more ethnicities  
I prefer not to answer

What is your family household yearly income?

Less than \$20,000  
\$20,000 - \$34,999  
\$35,000 - \$49,999  
\$50,000 - \$74,999  
\$75,000 or More

What is the highest level of completed education for parent/guardian?

Some High School  
High School Degree or Equivalent (ex – GED)  
Some college but no degree  
Associates Degree  
Bachelor's Degree  
Graduate Degree

Which of the following describes parent/guardian employment status?

Employed, working 40 or more hours per week  
Employed, working 1-39 hours per week  
Not employed  
Retired  
Disabled, not able to work



**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 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 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: \_\_\_\_\_

