



Clinton Youth Hockey Registration

Family Name _____ Players Names _____
 Players Birth Dates _____
 Parents Names _____
 Address _____
 2nd Address (if different from above) _____
 Home Phone _____ Cell Phone _____
 Email _____

Please check the player's birth year:

X	Level	Cost Payment in Full By September 30, 2011	Cost Payment Plan	Late Registration Fee - Registration After September 30, 2011
	Midget 1993-1996 birth years	\$380.00	\$415.00	\$50.00
	Midget Wrap 1993-1996 birth years	TBA	N/A	\$50.00
	Bantam 1997-1998 birth years	\$380.00	\$415.00	\$50.00
	Peewee 1999-2000 birth years	\$380.00	\$415.00	\$50.00
	Squirts 2001-2002 birth years	\$380.00	\$415.00	\$50.00
	Mites-Advanced 2003 birth years	\$300.00	\$335.00	\$50.00
	Mites-Intermediate 2003 birth years and under	\$225.00	\$260.00	\$50.00
	Mohawk Valley Comets 1992 -1996 birth years	\$380.00	\$415.00	\$50.00
	Learn to Skate	\$75.00	N/A	N/A
	Learn to Play	\$125.00	N/A	N/A
	Equipment (First #30 Registered)	Free	Free	N/A
	Midget Skills	\$75.00	N/A	N/A
	Friday night Adult Hockey	\$85.00	N/A	N/A

Registration Cost _____ Paid at Registration _____
 Paid by _____ Balance Left _____

Please check the number of players

X	Fundraising Assessment	Cost	Number of Tickets
	One Player	\$200.00	20
	Two Players	\$250.00	25
	Three or more Players	\$280.00	28

*Fundraising assessment is applicable only to the Mite, Squirt, Peewee, Bantam, Midget and MV Comet Girl's levels

Fundraising Cost _____ Raffle Tickets Taken _____

I understand registration must be paid in full by September 30, 2011. Beginning October 1, 2011 all outstanding balances will automatically go on our payment plan. The payment plan will be an additional \$35.00 added to your registration cost. You will be billed monthly until December 1, 2011 when payment is due in full. Any player who is not paid in full on December 2, 2011 will not be able to participate in practice, games or tournaments until final payment is received.

Signature _____ Date _____



High School Hockey Try-out Policy

In an effort to be fair to all **Clinton Youth Hockey** players and stay true to our mission, the Clinton Youth Hockey Association will begin a new policy for registration this year.

Registration Requirements

- o Any player who knows they want to play a full year of Clinton Youth Hockey should register now and pay the full registration fees. These players will be on the roster.
- o Any player who wants to try out for the High School hockey team and NOT play Clinton Youth Hockey may not use the team as a warm up.
- o However, if you want to try out for the High School team AND play Clinton Youth Hockey, you may do so.
- o If you do not register with Clinton Youth Hockey now, and do not make the High School team, you may register with us for seven (7) days after the High School team is posted with no late fee assessed. You will still need to pay the full registration amount. These players will be accepted and placed on the roster if there is room.
- o If you register now and you make the High School team and then decide not to play Clinton Youth Hockey, you will NOT be given any type of refund.
- o If you register now and make the High School team and decide to still play Clinton Youth Hockey for , you will be on the roster as the rules allow (number and percentages come into play here for tournament bound teams). We will maintain a **“first registered, first to stay on the roster”** system with these players. Any player who cannot stay on the roster due to league rules will be given a prorated refund. *(based on our refund policy)*

I hope this is helpful. If you should have any questions, please contact John Majka CYH President.

This form must be signed and returned with your registration to hold your place on the roster.

Do you plan on trying out for a High School team? YES NO

Signature: _____ Date: _____



Clinton Youth Hockey Refund Policy

It is the responsibility of the parent of the player to apply in writing for any refund. A separate form is to be submitted (Refund Request form is on our web-site) for each player which you are requesting a refund for. Forms can be submitted to the registrar up until December 1st of the current hockey season. All refund amounts will be determined based on the date received and all refunds are subject to a \$50 administration fee. All refunds need to be completed on the refund request form and must be mailed to the registrar, email, faxes, or hand deliveries will not be accepted. The refund request will need to be approved by the board president, vice president, registrar, treasurer, and one additional board member prior to refund disbursement

There will be no refunds for any players currently serving a suspension or facing disciplinary action from Clinton Youth Hockey, USA Hockey, or any other youth hockey organization.

There will be no refunds for any players whose applicable registration fees (including fund raising) have not been paid in full or have monies owing to the organization.

Fees paid for fundraising, jerseys, and coaching insurance is non-refundable.

Please allow 30 days for processing of the refund. After that period, any inquiries regarding payment of refunds should be directed to the treasurer.

Once the request for a refund of the registration fees is received by the registrar, the amount of the refund will be determined as follows:

- A \$50 administration fee will be assessed to ALL registration refunds.
- 100% fees refunded (minus administration fee) before October 1st.
- 75% fees refunded (minus administration fee) before November 1st.
- 50% fees refunded (minus administration fee) before December 1st.
- NO refunds will be issued after December 1st.

Please mail completed request form to:

Clinton Youth Hockey

Attn: Registrar

P.O. Box 312

Clinton NY 13323

** Refund requests made outside the guidelines approved by the CYH board will not be considered unless the Board, in its sole discretion, determines the existence of extreme extenuating circumstances. The board shall Reserve the right to refund members in the event of a catastrophic event, or other individual circumstances.*

Signature _____ Date _____



**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.

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.