



Clinton Youth Hockey Registration

Players Name _____
 Players Birth Date _____
 Parents Name _____
 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, 2010	Cost Payment Plan	Late Registration Fee - Registration After September 30, 2010
	Midget 1992-1995 birth years	\$405.00	\$440.00	\$50.00
	Midget Wrap 1992-1995 birth years	TBA	N/A	\$50.00
	Bantam 1996-1997 birth years	\$405.00	\$440.00	\$50.00
	PeeWee 1998-1999 birth years	\$405.00	\$440.00	\$50.00
	Squirts 2000-2001 birth years	\$405.00	\$440.00	\$50.00
	Mites 2002 and under birth years			\$50.00
	<i>Advanced</i>	\$325.00	\$360.00	
	<i>Intermediate</i>	\$250.00	\$285.00	
	Mohawk Valley Comets 1991 and up birth years	\$405.00	\$440.00	\$50.00
	Learn to Skate			N/A
	<i>Session 1</i>	\$50.00	N/A	
	<i>Session 2</i>	\$50.00	N/A	
	Learn to Play Hockey			N/A
	<i>Session 1</i>	\$50.00	N/A	
	<i>Session 2</i>	\$50.00	N/A	
	<i>Equipment (First 20 on Sign up list)</i>	Free	Free	

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

I understand registration must be paid in full by September 30, 2010. Beginning October 1, 2010 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 31, 2010 when payment is due in full. Any player who is not paid in full on January 1, 2011 will not be able to participate in practice, games or tournaments until final payment is received.

Father's Signature _____ Date _____
 Mother's Signature _____ Date _____



Clinton Youth Hockey Fundraising

Family Name _____
 Player's Names _____

 Home Phone _____

Fundraising Costs

Fundraising Assessment	Cost
One Player	\$175.00
Two Players	\$225.00
Three or more Players	\$250.00

Please check a fundraising option

X	Fundraising Options	Option Cost
	Sponsors	
	Team: \$500.00 Banner in upstairs lobby, a full page ad in the 2010-11 ad books and a link to the sponsor's web-site from the Clinton Youth Hockey web-site	
	Stairwell: \$250.00 Banner in stairwell going to upstairs lobby	
	Board: \$150.00 Plaque over the CYH case in the downstairs lobby	
	Candy Sales: Cost of candy is \$2.00 a piece 50% of total sales goes to your fundraising fees (30 bars per box / 6 boxes will cover 1 player FRA)	# of Boxes taken
	Pay off your FRA in Full	

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

I understand Fundraising must be paid in full by December 31, 2010. Any player who is not paid in full on January 1, 2011 will not be able to participate in practice, games or tournaments until final payment is received.

Father's Signature _____ Date _____
 Mother's Signature _____ 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.



**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: _____