



Ithaca Youth Hockey Association (IYHA)

Hockey Registration Form

Player
 Coach

DATE: _____

Player Name _____

Team: _____

USA Hockey ID _____

School District _____

IYHA USE ONLY:

Registration Fee: _____

Contribution: _____

Checking Clinic: _____

(\$10 fee - Mandatory for 1st year Pee Wee Players)

Other: _____

TOTAL DUE: _____

Forms Collected

USA Hockey Registration _____

Code of Conduct _____

Players Handbook _____

Payment Plan _____

Payment Method: Check / Cash

Amount Paid _____

MEMBER INFORMATION:

PLAYER NAME: _____, _____ D.O.B. _____
(last name) (first name)

USA Hockey ID _____ School District _____

ADDRESS: _____ LEVEL: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ E-MAIL: _____

HOME PHONE: _____ 2ND PHONE: _____

PARENT NAME : _____ NAME: _____
(first name) (last name) (first name) (last name)

REGISTRATION FEES:

Please consider a contribution to our scholarship fund.

Amount of Contribution: \$25 \$20 \$10 \$5 \$ _____

League	Birth Year	Level	Pay Plan	(circle choice) Fee
House	2003 2004 & 2005	Initiation		\$185
	2001 2002 & 2003	Mite		\$295
Extra Skate	2001 2002 & 2003	Mite		\$85
Snowbelt	1999 & 2000	Squirt	322.5 + 297.5	\$595
	1997 & 1998	Pee Wee	350.0 + 325.0	\$650
	1995 & 1996	Bantam	372.5 + 347.5	\$695
	1991 - 1994	Midget	422.5 + 397.5	\$795
Travel	1999 & 2000	Squirt	400.0 + 375.5	\$750
	1997 & 1998	Pee Wee	472.5 + 447.5	\$895
	1995 & 1996	Bantam	472.5 + 447.5	\$895

(In addition to the Bantam Travel and Snowbelt Program)

Note: Any applicable tournament fees are not included in the registration fees. Separate USA Hockey Online player registration is required.

Any registered player will be charged a drop-out fee of \$50.00 for terminating membership prior to November 30, 2008. IMOD Players have a non refundable deposit of \$300. Refunds will be prorated for players terminating membership prior to November 30th, 2008. No refund will be given for players terminating after December 1, 2008. A late fee of \$50 will be charged for any registrations received after 9/21/07, except for House programs.

As the parent or guardian, I give my consent for the above named player to play in the IYHA program. I acknowledge that I have received, read and executed or overseen the execution by my child of the USA Hockey "Consent to Treat", "Participant Code of Conduct" and "Parent/Spectator Code of Conduct". I understand that Association Members are responsible for insuring that they, their spouses, family members, guests and player(s) conduct themselves and behave in a mature and sportsmanlike manner at all times during which players and officials are participating in Association activities, and that coaches, players and officials are at all times treated in a respectful and non-abusive manner. In the event that an Association member or spouse, their family members, their guests, or player(s) fail to conduct themselves in the proper manner as required by the Association By-Laws, the Board of Directors shall have the authority and power to take appropriate disciplinary action pursuant to those By-Laws.

Date: _____ Parent / Guardian Signature: _____



Player Registration Split Payment Plan

Player Name: _____

Birth Date: __/__/__

Parents Name: _____

Phone: _____

Email: _____

Level of play (i.e. Squirt or above): _____

1st Payment is one Half of total dues + a \$25.00 administrative fee

2nd Payment is due Friday December 4th. Please note that all checks must be received by this date at: PO Box 391, Ithaca, NY 14851

Please do not attempt to hand payments to a coach or representative of the IYHA, as only the Treasurer can receive and deposit payments.

On Monday December 7th, a list of players whose accounts are not reconciled by this time will be issued to all coaches. Any player on that list will NOT be allowed to skate. There will be no exceptions: coaches will have no discretion in this matter.

Please be aware and respectful of this requirement and be proactive in meeting this deadline.

1st Payment Cash Check (# _____) + \$25 = Amount \$ _____

2nd Payment Check Only Please = Amount Due on 12/4/09 \$ _____

Reminder/Receipt for your records:

1st Payment Cash Check (# _____) + \$25 = Amount \$ _____

Amount Paid \$ _____. Received By: _____ CK# _____

2nd Payment (Check Only Please) = Amount Due on 12/4/09 \$ _____



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____
Participating in USA hockey for 2009-2010 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

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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ 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 www.usahockey.com or call USA Hockey at 719-576-USAH.

(over, please)

MEDICAL HISTORY FORM
(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

Head injury (concussion, skull fracture)	Yes	No
Fainting spells	Yes	No
Convulsions/epilepsy	Yes	No
Neck or back injury	Yes	No
Asthma	Yes	No
High blood pressure	Yes	No
Kidney problems	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart murmur	Yes	No
Allergies	Yes	No

Please specify: _____

Injuries to:

Shoulder	Yes	No
Knee	Yes	No
Ankle	Yes	No
Fingers	Yes	No
Arm	Yes	No
Other: _____		

Impaired vision	Yes	No
Impaired hearing	Yes	No
Other: _____		

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? _____ Explain: _____
