



Santa Rosa Junior Hockey Club

1667 W. Steele Lane, Santa Rosa, CA 95403

BASICS REGISTRATION CHECKLIST Fall 2011 Session

- _____ **Registration Fee**
Check or Money Order made payable to the SRJHC for \$150 due at registration

- _____ **Equipment Fee* (*if applicable*):**
Add \$90 to your \$150 basics session fee for a total of \$240 due at registration

- _____ **Receipt showing USA Hockey membership for 2011-12**
from the USA Hockey website: <http://www.USAHockeyregistration.com/>

- _____ **Basic Program Registration Form (attached)**

For additional information please contact Shanna Jimenez at 707-836-0872 or basicshockey@santarosaflyers.org

*** All basics players must have, at a minimum, a stick, helmet, gloves and jersey. To assist players in getting started with hockey, the SRJHC provides an equipment package that includes all these items. The fee is non-refundable, and the player may keep the equipment when the session is done.**



Santa Rosa Junior Hockey Club
2010/2011 BASICS PLAYER REGISTRATION FORM
Fall 2011 Session

Player's Name: _____ Birth date (MM/DD/YY): _____
 (First/Last)

Male or Female Parent's e-mail: _____

School attending: _____ Grade : _____

Returning player: Yes No

Session: Fall Winter Spring (check one)

	Father/Guardian 1	Mother/Guardian 2
Name		
Address		
City, Zip Code		
Home Phone		
Work Phone		
Cell Phone		
Occupation		
E-mail address		

If parents live apart: with whom does the player reside? FATHER MOTHER
 who is responsible for payments? FATHER MOTHER

Can SRJHC print the above parent/player info in the club directory (to be used by club members only)? Yes No

The SRJHC reserves the right and discretion to refuse the participation of any player. All financial obligations to the Santa Rosa Junior Hockey Club or any other NORCAL club must be satisfied before taking the ice. NORCAL provides past due information to all member clubs.

PARENTAL CONSENT AND RELEASE AGREEMENT

I, _____, the parent or legal guardian of _____, wish to have my child play in the Santa Rosa Flyers basics program. I give my full and complete permission to have my child participate in this program and further agree as follows:

1. I recognize that personal injury is a risk of participating in any youth ice hockey program. The ice surface is hard and will experience chips, holes, ridges and other surface irregularities. Players may lose their balance and fall, and may at times collide with or be struck by sticks, pucks, the surrounding boards, the ice surface itself or other players. I give full consent and permission to allow my child to participate in this recreational activity with full knowledge of such risks.
2. I hereby agree to release and hold harmless the Santa Rosa Junior Hockey Club from any and all liability for injury to my child sustained in the course of his/her participation in their Program, and further agree to indemnify and hold harmless the Santa Rosa Junior Hockey Club from any and all claims of liability or for personal injury damages arising out of my child's participation in the Program, including without limitation claims of negligence or strict liability allegedly causing injury to my child during the conduct of the Program.

Dated: _____

 (Print Name)

 (Signature of Parent/Guardian)



USA HOCKEY PARTICIPANT CODE OF CONDUCT

NAME: _____

To be read and signed by you as a member of Team: _____
Participating in the USA Hockey Regional or National Tournament.

1. No swearing or abusive language on the bench, in the rink, at the hotel or any function of our team.
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 the USA Hockey Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of any illegal substance at any function during the Regional or National Tournament.
6. I will conduct myself in a befitting manner at all facilities (Ice rink, hotel, restaurant, etc.) during the Regional or National Tournament.
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.