



Santa Rosa Junior Hockey Club

Redwood Empire Ice Arena, 1667 W. Steele Lane, Santa Rosa CA 95403

www.santarosaflyers.org

President: Ken Coleman, kcoleman@santarosaflyers.org

Welcome back to another season of hockey! We anticipate that this is going to be another great year for the Flyers. I am looking forward to another fun filled season with the players and families that make this Club such a joy to represent.

We have a few things to update. First the fee structure for the coming 2011-12 season will be the same as last year. **The House team fees will be \$375.00 per session.** Be sure to check the web site for updates and schedules. **Please note financial aid is available. Applications are due by August 20, 2011.**

Signups will take place on August 17 at 5:00 pm. The first house ice session will begin on Saturday August 20. As an integral part of the club, we want to make sure House parents are informed about what is happening so that players can derive the greatest benefit from club membership.

Attached are the registration forms you'll need for the upcoming season. If you need additional forms or information please contact the Club Registrar, Heidi Pabros. **If you have additional questions about the House Program, please contact Bo Roberts at broberts@santarosaflyers.org**

In addition, please register for USA Hockey online at the USA Hockey website. Note that a renewed membership for 2011-2012 is required before attending tryouts.

All completed registration material, proof of USA Hockey Membership and payment of fees are required to be submitted prior to a player being allowed on the ice. Players without 2011-2012 USA Hockey membership will not be allowed to skate.

Please feel free to contact me directly with any questions, suggestions or if I may be of assistance to you this season. Welcome back to what promises to be another great year!

Ken Coleman
President
Santa Rosa Junior Hockey Club

**Registration CHECKLIST
2011-12 Season**

- _____ **Check or Money Order made payable to the SRJHC for \$375 due at registration**

- _____ **Completed House Player Registration Forms**

- _____ **Receipt showing USA Hockey membership for 2011-12 from the USA Hockey website:
<https://www.usahockeyregistration.com> (Must be done in ADVANCE OF REGISTRATION)**

- _____ **USA Hockey Consent to Treat and Medical History**

- _____ **USA Hockey Code of Conduct**

- _____ **Uniform Order – IF Needed (to be done the night of registration)**

General Instructions

All players are required to wear USA Hockey approved equipment, including 2 jerseys: 1 dark and 1 light at \$20 per jersey.

Dues include the following: Practices and home game ice slots.

Dues do not include:

- Individual USA Hockey Registration
- Jerseys (required- returning players may use prior year house jerseys)
- Tournament/Special event fees (where applicable)

PLEASE NOTE: Scholarships are available. Applications are due by August 20. Please visit www.santarosaflyers.org for scholarship applications. Please note that these must be filled out completely and turned in on time to receive consideration.

**Santa Rosa Junior Hockey Club
PLAYER REGISTRATION FORM
2011-12 House Program**

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

Male ___ Female ___ **Player's e-mail:** _____

School attending: _____ Grade entering: _____

All players play in their appropriate age group

Age group: Mite (born on or after 1/1/2003) ___ Bantam (born 1997-1998) ___
 Squirt (born 2001-2002) ___ Midget 16 (born 1995-1996) ___
 Peewee (born 1999-2000) ___ Midget 18 (born 1993-1994) ___

During last season I played for the _____

| | 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 ___ BOTH
 who is responsible for payments? ___ FATHER ___ MOTHER ___ BOTH

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

PARENTAL CONSENT AND RELEASE AGREEMENT

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

- 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.
- 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.

Date: _____

 Print Name

 Parent/Guardian signature



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.