

# Enfield Hockey Association

## Player Registration Form

2009-2010 Season

	<b>E-Mail Address (Parent/Guardian)</b>
	@

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>

<b>Home Phone</b>	<b>Date of Birth</b>	<b>Sex</b>
( ) -	/ /	Male <input type="checkbox"/> Female <input type="checkbox"/>

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Parent / Guardian Last Name</b>	<b>First Name</b>	<b>Phone #</b>	
		<b>Home</b>	<b>Cell</b>
		( ) -	( ) -
		( ) -	( ) -

<b>With which organization did this player skate last season (2008-2009)?</b>
EHA <input type="checkbox"/> N/A (first year hockey) <input type="checkbox"/> Other _____

<b>Payment Information</b>	
<b>EHA Tryout Fee</b>	<b>\$50.00</b>
<b>EHA deposit: Due March 27<sup>th</sup> 2009</b> (at pre-season practice)	<b>\$100.00</b>

Position: \_\_\_\_\_ Defense    \_\_\_\_\_ Forward    \_\_\_\_\_ Goalie

Shirt Number \_\_\_\_\_

Needs Jersey \_\_\_\_\_

\*Please check the EHA web site at [www.EnfieldHockey.org](http://www.EnfieldHockey.org) for complete details on tuition and payment schedules

# MEDICAL HISTORY FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## WHO TO CONTACT IN CASE OF 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
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 medication? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Athlete)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

## CONSENT TO TREAT



This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, 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 athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

If said athlete is covered by any insurance company, please complete the following:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_  
(parent / guardian)

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 call Jay Bernard at 1-800-486-6880.



# Enfield Hockey Association

## Letter of Commitment

I, \_\_\_\_\_,  
*(Player's Name)*

hereby accept a position with the Enfield Hockey Association (EHA) on the

\_\_\_\_\_  
*(Team Name)*

for the 2009 - 2010 season.

We, the undersigned player and parents/legal guardians of said player, by executing this Letter of Commitment, agree to the following terms and conditions of this commitment:

1. We agree to remain with the Enfield Hockey Association for the duration of the 2009 - 2010 season.
2. We agree to pay the full season financial obligation, as set forth by the Enfield Hockey Association.
3. We agree not to participate in any other member or non-member program for the 2009 - 2010 season.
4. We understand and accept that if the above named player refuses to participate with the Enfield Hockey Association that he/she is ineligible to participate with any other Connecticut Hockey Conference member program and must sit out the remainder of the current season.
5. We understand and accept that a player who sits out due to refusal to participate remains obligated to satisfy any outstanding financial obligations due to the Enfield Hockey Association for the 2009 - 2010 season.
6. We understand and accept that a player who sits out all or a portion of a season is not entitled to any partial or full refund of program fees or expenses.
7. We understand and accept that a player must obtain a proper Connecticut Hockey Conference release from the Enfield Hockey Association prior to registering with any new program in any ensuing season.

We, the undersigned player and parents/legal guardians further understand and accept that this Letter of Commitment may only be terminated by mutual consent between the Enfield Hockey Association and the player. Upon such mutual consent, and payment of any outstanding financial obligations, the Enfield Hockey Association will issue a proper Connecticut Hockey Conference Release and the player may transfer to another program. Such mutually agreed on transfers must occur prior to November 1, 2010.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Parent or Guardian Name (please print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed