

Hyde Park Youth Hockey 2009-10 Season House Programs Tryout Application

Player's Name: _____ Date of Birth: _____

Address: _____ City _____ ZIP _____

Email Address: _____ Phone Number: _____

Previous Level/Team (if applicable): _____

2009-10 Level: ___ Learn to Skate
 ___ Intro to Hockey
 ___ House League

Siblings in program: _____

Party responsible for assessment: _____

Signature of responsible party: _____

Signing this document denotes understanding of fiscal responsibility to pay costs associated with participation in Hyde Park Youth Hockey's 2009-10 season.

Hyde Park Youth Hockey welcomes and encourages participation of all family members!

Are you interested in: ___ Coaching ___ Team Coordinator ___ Snack Bar
 ___ Fundraising ___ Team Sponsorship ___ Special Events
 ___ Other _____

<i>PROGRAM</i>	<i>DESCRIPTION</i>	<i>RATE</i>
Learn to Skate	17 weeks, 2 days per week, 1 hour each, of ice skating instruction	\$175
Intro to Hockey	17 weeks, 2 days per week, 1 hour each, further instruction of ice skating and introduction to hockey skills	\$200
House League	17 weeks, 2 days per week, one- 1 hour session, one- 1 1/2 hour session, of hockey instruction and scrimmages, rate includes USA Hockey registration	\$275

Progression through HPYH's House programs will help skaters prepare for entry into competitive travel youth hockey.

Must be 4 years old by December 31st, 2009.
 Season is scheduled to run late October 2009 through early March 2010
 and is subject to change.

To be completed by HPYH Registration
 Check #: _____
Total Paid: \$ _____
 Date: _____ Received By: _____

Hyde Park Youth Hockey 2009-10 Participant Code of Conduct Agreement

in accordance with:



As a participant in Hyde Park Youth Hockey I agree to:

- Play for fun
- Work hard to improve my skills
- Be a team player — get along with my teammates
- Learn teamwork, sportsmanship and discipline
- Be on time for practices and games
- Learn the rules and play by them. Always be a good sport.
- Never argue with an official's decision. If I receive a penalty, I will skate directly to the penalty box.
- Respect my coach, teammates, parents, opponents and officials.
- I will not swear, use abusive language, or fight on the bench, on the ice, in my rink or any other rink, and at any team function.
- I understand that drinking, smoking, chewing of tobacco, or the use of illegal substances at any team function are prohibited.
- I understand if I violate or do not abide by these rules, I will be subject to disciplinary action.

By signing this document, I agree to uphold the Hyde Park Youth Hockey Code of Conduct that is in direct accordance with the standards of USA Hockey, MASS Hockey and the GBYHL:

Signature: _____ Date: _____

Printed Name: _____

USA Hockey's Core Values:

SPORTSMANSHIP Foremost of all values is to learn a sense of fair play. Become humble in victory, gracious in defeat. We will foster friendship with teammates and opponents alike.

RESPECT FOR THE INDIVIDUAL Treat all others as you expect to be treated.

INTEGRITY We seek to foster honesty and fair play beyond mere strict interpretation of the rules and regulations of the game.

PURSUIT OF EXCELLENCE AT THE INDIVIDUAL, TEAM AND ORGANIZATIONAL LEVELS Each member of the organization, whether player, volunteer or staff, should seek to perform each aspect of the game to the highest level of his or her ability.

ENJOYMENT It is important for the hockey experience to be fun, satisfying and rewarding for all participants.

LOYALTY We aspire to teach loyalty to the ideals and fellow members of the sport of hockey.

TEAMWORK We value the strength of learning to work together. The use of teamwork is reinforced and rewarded by success in the hockey experience.

Hyde Park Youth Hockey 2009-10 Parent/Spectator Code of Conduct Agreement

in accordance with:



As a Parent/Spectator in Hyde Park Youth Hockey I agree to:

- Not force my child to participate in hockey.
- Encourage my child to play by the rules and resolve conflict without resorting to hostility or violence.
- Know and study the rules of the game and support the officials on and off the ice.
- Encourage my child to play in a manner consistent with the team's strategy or plans.
- Emphasize skill development and a serious approach to practices.
- Recognize the importance of volunteers who give their time to hockey for my child.
- Remember that my child plays hockey for his or her enjoyment, not mine.
- Display good sportsmanship. Always respect players, coaches and officials.
- Act appropriately: do not taunt or disturb other fans; enjoy the game together.
- Cheer good plays of all participants; avoid booing opponents.
- Cheer in a positive manner and encourage fair play.
- Not lean over or pound on the glass; the glass surrounding the ice surface is part of the playing area.
- Support the referees and coaches by trusting their judgement and integrity.
- Be alert to prevent accidents from flying pucks and other avoidable situations.
- Respect locker rooms as private areas for players, coaches and officials.
- Be supportive after the game. Win or lose, recognize good effort, teamwork and sportsmanship.

By signing this document, I agree to uphold the Hyde Park Youth Hockey Code of Conduct that is in direct accordance with the standards of USA Hockey, MASS Hockey and the GBYHL. I understand if I do not follow this Code of Conduct, I may be asked to leave the league activity or I may be asked to withdraw my child from the league:

Parent Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____

Players Name: _____



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)



USA HOCKEY
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.

(over, please)

MEDICAL HISTORY FORM

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?

Check 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 medications? _____ What? Why? _____

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

Signed: _____ Date: _____

(Athlete)

Signed: _____ Date: _____

(Parent)