

Hyde Park Youth Hockey 2010-11 Season Tryout Application

Tryout Fee: **\$150** Mite/Squirt/Peewee/Bantam/Midget

FEE IS DUE FIRST NIGHT OF TRYOUTS. is non-refundable. but is applied to your 2010-11 assessment.

Player's Name: _____ Date of Birth: _____

Address: _____ City _____ ZIP _____

Email Address: _____

Home Phone Number: _____ Cell Phone Number _____

2010-11 Tryout Level: ___ Mite (2002 or younger) ___ Squirt (2000/2001)
 ___ Peewee (1998/1999) ___ Bantam (1996/1997)
 ___ Midget (1992 through 1995) **Are you a Goalie?** Yes ___ No ___

09/10 Hockey Club (if other than Hyde Park) _____

Names of siblings in program: _____

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 _____

Projected 2010/2011 total Travel Team Assessment and Payment Schedule:

<p>\$425* Midget</p> <p>\$775* Mite/Squirt/Peewee/Bantam</p> <p><small>*Hyde Park Youth Hockey offers goalie and sibling discounts. Assessments subject to change and will be finalized by first invoice mailing.</small></p>	<p><i>1st payment due June 15, 2010</i></p> <p><i>2nd payment due July 15, 2010</i></p> <p><i>Final payment due August 15, 2010</i></p>
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REQUIRED FOR THE 2010/11 SEASON PER USA HOCKEY: ALL PLAYERS AND COACHES MUST SELF-REGISTER WITH USA HOCKEY AND PAY THE USA HOCKEY/MASS HOCKEY REGISTRATION FEE ONLINE. *USA Hockey registration is MANDATORY for ALL on-ice participants and cannot be done by HPYH. Your USA Hockey confirmation number will need to be provided to HPYH prior to stepping on the ice next season. The 2010/11 USA Hockey Online Registration opens **April 1, 2010**. DO NOT register with USA Hockey before this date. This process will also register you with Mass Hockey.*

Party responsible for assessment payment: _____

Signature of responsible party: _____

Signing this document denotes understanding of responsibility to pay all costs associated with participation in HPYH's 2010-11 season.

Would you like to receive your invoices by email? Yes ___ No ___

<p><i>To be completed by HPYH Registration</i></p> <p>Tryout #: _____</p> <p>Past Assess. Due: \$ _____</p> <p>10/11 Tryout Fee: \$ _____</p> <p>Total Paid: \$ _____</p>	<p>Check #: _____ CC Payment _____ Cash _____</p> <p>Date: _____ Received By: _____</p> <p>Notes:</p>
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Hyde Park Youth Hockey 2010-11 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 2010-11 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 judgment 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: _____

Player's Name: _____

Player's Team: _____



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)