

CONNECTICUT NORTHERN LIGHTS GIRLS HOCKEY FOUNDATION / MINI LIGHTS REGISTRATION 2009 – 2010

Select Program

- Foundation
 Mini Lights

Select Home Rink Location

- Newington
 South Windsor
 Simsbury

PLAYER INFORMATION

Full Name: _____
(AS IT APPEARS ON HER BIRTH CERTIFICATE)

Name Player Goes By: _____

Age: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Is the player a US Citizen? Yes No If no, citizen of: _____

PARENT ONE INFORMATION

Parent's Name: _____

Occupation: _____

Cell #: _____ Work #: _____

Email: _____

Do you have an interest in coaching or assisting with off-ice activities?: _____

Hockey experience: _____

PARENT TWO INFORMATION

Parent's Name: _____

Occupation: _____

Cell #: _____ Work #: _____

Email: _____

Do you have an interest in coaching or assisting with off-ice activities?: _____

Hockey experience: _____

FEES:

Foundation	Birth Years 2003 & 2004: FREE (\$50 for jersey & USA Hockey Insurance; 1 st yr only)
	Birth Years 2002 and older: \$495
Mini Lights	\$495

REGISTRATION INFORMATION & SCHEDULE

NEWINGTON Newington Arena	SIMSBURY International Skating Center of CT	SOUTH WINDSOR South Windsor Arena
Thurs at 6PM & Sundays at 9:30 AM Mini Lights starts October 8th Foundation starts October 15th	Saturdays 2:30PM & Sundays 8AM Mini Lights starts October 3 rd Foundation starts October 17th	Tuesdays at 5:10 PM Mini Lights starts October 6th Foundation starts October 13th
Registration Dates October 10 th : 1 – 2:30 PM October 11 th : 10 – 11:30 AM	Registration Dates September 30 th : 6PM – 8PM October 3 rd : 1 – 3 PM	Registration Dates October 10 th : 1 – 2:30 PM October 11 th : 10 – 11:30 AM

Please note that your child's birth certificate is required for registration.

Connecticut Northern Lights Girls Sports, Inc.
Credit Card Payment Form
2009-2010 Season

Credit Card information must be provided to the Northern Lights prior to any player being permitted on the ice. **The only exception to this will be if the player's tuition is paid in full for the entire season, prior to the first practice of the season.**

I elect to pay the tuition for my child(ren) via the payment plan(s) defined in NLGH Fee Payment Schedule Agreement 2009-2010 Season. If the payment is not received by the due date, always the 15th of the month, I authorize my credit card defined below to be billed for the amount due in the payment schedule defined in Attachment A. I understand the credit card will be billed between the 16th and the 20th of the month.

In addition, to support the cost associated with the credit card transaction, I agree to pay an additional 4% on my registration fee payment. For example, when a \$250.00 payment is due, my card will be charged an additional \$10.00 = .04X\$250.00, totaling a payment of \$260.00.

I also agree that I will keep a credit limit sufficient to allow for the processing of these payments in accordance with the payment plan contained in the Northern Lights Commitment Agreement and NLGH Fee Payment Schedule Agreement 2009-2010 Season that I have signed and agreed to.

Player Name: _____

Team: _____

Please use:

Credit Card Type: Visa _____ Mastercard _____

Credit Card Number: _____

Expiration Date: _____

Amount: _____

Billing address associated with card:

Street

Apt.

Town

State

Zip

I agree to the terms of this election and authorize billing to the credit card defined above.

Signature



USA HOCKEY
CONSENT TO TREAT

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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

Relationship to Participant: _____

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 Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

(over, please)

MEDICAL HISTORY FORM
(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

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? 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

Please 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: _____

Connecticut Northern Lights Promotional Materials Release

The Northern Lights Girls Ice Hockey Program maintains a website (www.nlgh.com) and also sends out press releases to local newspapers and magazines about its activities. We would like your permission to include your child's name and occasionally her photograph in these communications. As a general rule, we do not identify players by name in photographs that appear on our website. However, newspapers and magazines do require names for use in photo captions. Should you have a question about the Northern Lights Promotional Materials policies, please contact Meg Ward.

Please check one box and sign below:

- I give the Northern Lights Girls Ice Hockey Program permission to include my child's name and or photograph in press releases and publications as described above.
- I DO NOT give the Northern Lights Girls Ice Hockey Program permission to include my child's name and or photograph in press releases and publications as described above.

Players Name

Parent's Printed Name

Parent's Signature

Date