



PAID: _____

NYHL Registration 2010-2011

\$175.00 DUE AT TIME OF REGISTRATION

Registration Process

The prompt completion of this registration form will secure in-town players a position in next year's program and assist NYHL in determining the correct number of teams and the optimum number of players per team. Please refer to the NYHL "Refund Policy" for information regarding the refund of registration fees.

Out of town players are welcome to register and tryout, however the board of directors will determine whether or not and how many players will be permitted to join the program from out of town. In the event that the decision is made to not permit your child to join the program, you will be refunded the registration fee.

Any players with outstanding balances will not be allowed to register in the program and will not be allowed to participate in tryouts.

I/We the parents or guardian of the below named candidate for the Newburyport Youth Hockey League (NYHL) hereby give my/our permission for his/her participation in any and all NYHL activities.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities.

I/We hereby waive, release, indemnify and agree to hold harmless the NYHL, organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities from damage arising out of an injury to my child.

I/We will furnish a birth certificate of the below named candidate upon request by league officials.

I/We agree to participate in all mandatory NYHL fundraising activities or pay a penalty in lieu of participation.

I/We agree to make timely payments to NYHL. Please refer to the NYHL "Refund Policy" for information regarding refunds.

I/We agree that we will adhere to the payment schedule as posted by NYHL once the Program fees for the 2010-2011 season have been set.

Player's Name:	_____	Date of Birth:	_____
Address:	_____	City and State:	_____
Mother's Name:	_____	Father's Name:	_____
Mother's Email:	_____	Father's Email:	_____
Mother's Cell #:	_____	Father's Cell #:	_____
Home Phone #:	_____	Parent's Signature:	_____

REFUND POLICY

The policy of Newburyport Youth Hockey regarding registration refunds is as follows...
Registration Fees of \$175

- If a player participates in tryouts, the Registration Fee of \$175 is **Non-Refundable**.
- If a player does not participate in tryouts, and has paid the \$175 Registration Fee, a refund is allowed upon request. To receive a refund of the Registration Fee, a request must be made in writing within 2 weeks (14 days) of the first day of tryouts.



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?

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 medications? _____ What? Why? _____

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

Signed: _____ Date: _____

(Athlete)

Signed: _____ Date: _____

(Parent)