

Springfield Youth Hockey Association

Registration for 2018-2019 Season

www.springfieldcapitals.com



Registration/Fee Checklist

- ☐ **Complete Registration packet and pay Registration Fee**
(\$90/first player \$50/each additional player) *Note - this fee is non-refundable.
- ☐ **Register with USA Hockey at usahockey.com for the 2018-2019 season**
*Note - Registration for the 2018-2019 opens April 1st. If you register prior to April 1st, the USA Hockey # will be valid for the 2017-2018 season. USA Hockey #'s expire every August so you must register **every** season. The USA Hockey registration yearly fee is \$40.00 and there is an \$8.00 Massachusetts affiliation fee for a total of \$48.00.
- ☐ **Register online at springfieldcapitals.com for the 2018-2019 season**
Register under the appropriate team: Novice, Mite, Squirt, Peewee, Bantam. You must register your child as well as yourself as a parent. Please ensure phone numbers and e-mail addresses are up to date as well as communication preferences are set under your profile. Text messages and e-mails are the main source of sharing information within the Capitals organization. Also please make sure you enter your child's USA Hockey registration # under their profile.
- ☐ **All players must have 2 game jerseys (one Navy and one White)**
Each Mite, Squirt, Pee Wee and Bantam player within the Springfield Youth Hockey Association (SYHA) must have their own Capitals Navy and White Jersey. The price for each game jersey is \$72.00. All orders must be accompanied by cash or check (payable to SYHA) for the total amount due.
- ☐ **Monthly Ice Fees**
Ice fees are due no later than the 1st of every month. **All Payments should be paid online on the website.** Cash or check payable to SYHA. Please mail all payments to:

SYHA
PO BOX 80047
Springfield, MA 01138

Please note: Ice fees for the 2018-2019 season are subject to change due to possible increase in ice costs next season.

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Registration Fee:

\$90/first player \$50/each additional player

Registration is not complete until player is registered with USA Hockey and registers online at springfieldcapitals.com for 2018-2019 season. Teams: Novice, Mite, Squirt, Peewee, Bantam

Registration fees are non-refundable

First Name	Last Name	Date of Birth	Male or Female	Team	Amount Paid	Did your child play last year	If yes, for what organization

All new players to the Capitals must purchase 2 games jerseys (one Navy and one White). We will distribute socks prior to season in the fall.

Make checks payable to: Springfield Youth Hockey Association (SYHA)

Questions: Call Jamie Scherban 413-426-7448

Acknowledging that ice hockey is a hazardous activity, I agree that the coaches, directors and anyone else associated with the Springfield Youth Hockey Association shall not be held liable for any injury or damage resulting from participating in ice skating, ice hockey, and/or instruction programs whether on the ice or in or about the building. I further agree that I will not sue, arrest or attach or prosecute any of said persons and entities and I hereby, for my son or daughter, (ward) heirs, legal representatives and assigns to release, discharge and agree to hold harmless said persons and entities from all actions, claims and demands I may have for any injury or damage.

Signature of Parent of Legal Guardian

Date

Amount Received _____

Date _____

Check # _____

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This form should be used to order all Springfield Capitals Youth Hockey game jerseys.

All Mite, Squirt, Pee Wee and Bantam players within the SYHA must have their own NAVY and WHITE game jersey.

- If your child already has a current Navy & White jersey from the past season, then you do not need to order new ones.
- All new players to SYHA will need to order their own Navy & White game jerseys.
- This form should also be used to order replacement jerseys if your child's current jersey is worn-out or too small.
- All orders **must** be accompanied by cash or a check (payable to SYHA) for the total amount due.

Player Name _____

New Player Y / N

Parent Name _____

Phone #: _____

Parent Contact Email _____

Player Team (circle one) MITE SQUIRT PEE WEE BANTAM

Circle "Youth" or "Adult" and then appropriate size

AMOUNT DUE

NAVY GAME JERSEY (\$72.00 each)

YOUTH: S M L XL

ADULT: XS S M L XL XXL \$ _____

GOALIE CUT Y/N

WHITE GAME JERSEY (\$72.00 each)

YOUTH: S M L XL

ADULT: XS S M L XL XXL \$ _____

GOALIE CUT Y/N

Player's previously assigned SYHA jersey number is: _____

NOTE: Game socks will be provided by SYHA

TOTAL AMOUNT DUE \$ _____

CASH / CHECK #

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Springfield Capitals Ice Hockey Agreement 2018-2019

Player Name: _____

Male: _____ Female: _____ DOB: _____

Level: _____

Organization played for last season: (Team/Position) _____

Parent(s) (Guardians) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Level Birth Year

Bantam 2004-2005

Pewee 2006-2007

Squirt 2008-2009

Mite 2010-2011

Novice 2012-2013

Parents are responsible for purchasing both (Navy & White) game jerseys if you are new to the Capitals. Please ensure a jersey order form is completed and payment submitted.

All ice fees are due promptly on the 1st of each month. The first ice payment is payable before the first practice of the season and no player will be allowed on the ice until paid in full. The ice payments for the 2018-2019 season are as follows:

Novice – TBD Mite - \$170 Squirt - \$225 Pewee - \$225 Bantam - \$255

The hockey season starts in September and goes through March. **Please note – Ice fees are subject to change if ice costs increase before next season.*** Ice fees DO NOT include online payment fee, the fee is to be added to the online payment.

The Capitals hold one mandatory fundraiser each season, which is our calendar raffle. All players are required to sell \$100 worth of calendars. If you choose not to participate you will still be billed \$100 to cover this cost.

Springfield Capitals Ice Hockey Agreement 2018-2019 (continued)

Families will be charged for any bank charge incurred by the Springfield Youth Hockey Association for checks returned due to insufficient funds. **Please make every effort to pay online.** However, if for some reason this is not an option, checks can be mailed to the following address:

SYHA
PO BOX 80047
Springfield, MA 01138

This document is intended to serve as a form, binding contract between the Springfield Youth Hockey Association and the respective, undersigned parents/legal guardians. Please read carefully and sign below indicating you understand the acceptance of our Fee Agreement regarding the collection of monthly ice fees for the 2018-2019 hockey season. By signing this contract, you are obligated to pay ice fees for the entire season unless this contract is terminated by mutual written agreement of the parties.

Note: Children will not be permitted to participate in games or practices if ice payments are received more than 15 days past due.

We hereby acknowledge that the skating arenas (i.e. Cyr Arena) require respective youth hockey associations to pay a significant portion of their total ice bill very early in the season. The Springfield Youth Hockey Association is required to make ice rental and league contract decisions as early as April for the following season. As a result, we need to get an accurate count of the number of players committed to our program in order to budget and plan the season appropriately.

We, the undersigned player and parents/legal guardians, further understand and agree that this Letter of Commitment Fee Agreement may be terminated only by mutual written agreement between the Springfield Youth Hockey Association and the parents/legal guardians. Upon such mutual written agreement, and payment, in full, of any and all outstanding financial obligations, the program will issue a proper financial release from the Springfield Youth Hockey Association, and the player may transfer to another program.

Parent/Guardian Signature _____ Date _____

Child's/Children's Name(s) _____ Date _____

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USA Hockey registration instructions

All Springfield Capitals players must register online with USA Hockey for the upcoming 2018-2019 season. You can register after April 1, 2018 for next season.

1. Go to the USA Hockey registration website at <http://www.usahockeyregistration.com>
2. Click on the member type button: **“Ice Players & Coaches”** and then click on the **“Register Now”** button.
3. You must be 18 years of age to process a registration. Check the box that acknowledges that you (not the player) are 18 or older.
4. Select the appropriate Registration Type **“Ice Player/Coach”**
5. Select the appropriate ‘Who Are You Registering’ (**Child Family Member (under 18)**)
6. Continue to follow the prompts and fill in all data correctly. Use the player’s home address, not a school address, even if the home address is out of state.
7. Process payment – Visa, Master Card, Discover or American Express (credit or debit card).

After paying, you will receive a confirmation page. Print the confirmation page and bring it with you to the registration table the first week of practice, and save a copy to your computer.

The page will also be emailed to you immediately after the registration is completed.

Please update this USA hockey registration number under your profile on our Capitals website: www.springfieldcapitals.com.

*** Please note: Your child will not be allowed on the ice without a valid USA Hockey registration.**



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.

PARTICIPANT SIGNATURE Age _____ Date Signed _____

PARTICIPANT NAME (PRINT)

PARENT OR GUARDIAN SIGNATURE Date Signed _____
(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?

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
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Impaired hearing	Yes	No
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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)



Parents Code of Conduct



Massachusetts Hockey Parents Code of Conduct Agreement Form

INSTRUCTIONS

All parents must complete this agreement every year. First you must read the Code of Conduct section of the USA Hockey Annual guide which can be found on the http://www.mahockey.org/Documents/usah_ag_codeofconduct.pdf. Once you have read that section of the annual guide sign this agreement and bring to your coach or Program Designee.

AGREEMENT

I, the undersigned parent, have read and agree to abide by, the USA/Mass Hockey Parents Code of Conduct.

I understand that violations of the Parents Code of Conduct may result in removal of my child from programs sanctioned by USA Hockey and/or its affiliate, the Massachusetts Hockey Association.

I further understand that lack of awareness or a misunderstanding of an ethical standard on my part is not a defense to a charge of unethical conduct.

Signature: _____

Print name: _____ Date: _____

Address
Street: _____

City/Town: _____

State: _____ Zip Code: _____



Mass Hockey Non Resident Player Form (revised March 2012)

I _____, the parent or guardian of _____, understand that my child is considered a non resident member (out of town player) in the _____ youth hockey program and should the team on which my child participates have more non resident players than Mass Hockey rules allow the roster will be subject to a roster exemption vote which may not be approved. If the roster is not approved I understand that my child could be removed from this team. I further understand that, if approved, the roster exemption is only valid for the current playing season and my child's status in _____ youth hockey program is not guaranteed for future hockey seasons.

Parent or Guardian Signature

Date

Local Program Representative Signature

Date

The following are **NOT** required to complete this form:

1. A player who resides in a city or town which does not have a registered Mass Hockey affiliate association who has joined another city or town association shall be deemed to be a member of that association for his/her youth hockey career and shall not be considered a non resident player in their original association. This form is not required in this case.
2. Midget players and players rostered on a National Bound Bantam team are not required to complete this form.
3. Girls/Womens (G/W) players participating above the G/W Tier III level are not required to complete this form.
4. A player who relocates and who remains a member of the city/town association he/she has played for previously will not be considered a non resident player for as long as the player stays with the original program and, therefore, need not complete this form.

This form must be retained by the local program and submitted along with the roster if the program is requesting a District level roster exemption vote.



Player's Name _____

Player's Height _____

Practice Jersey

Please select Size

Youth Small

Youth Medium

Youth Large

Youth Extra Large

Adult Small

Adult Medium

Adult Large

Adult Extra Large

Adult 2XL

Game Socks, (Please select one)

S-M

M-L

L-XL