

**SOUTHERN CONNECTICUT YOUTH HOCKEY, INC.**  
**2012-2013 PLAYER REGISTRATION FORM**  
Website: [www.scyhstars.org](http://www.scyhstars.org)

Number: _____
Amount paid: _____
Form of payment: _____
Received by: _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Certificate Presented: \_\_\_ Yes \_\_\_ No Gender: \_\_\_\_\_

Grade In Fall: \_\_\_\_\_ School: \_\_\_\_\_ Hockey Level \_\_\_\_\_ (E.g., Mite, Squirt, etc.)

If Bantam Player, please indicate whether player intends to tryout for high school team: \_\_\_ Yes \_\_\_ No

Hockey Experience: \_\_\_\_\_ years Last Team Played For: \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

Medical Problems/Medications: \_\_\_\_\_

**Financial Obligation:** As Parent/Guardian of the above-named player, in consideration for Southern Connecticut Youth Hockey, Inc. ("SCYH, Inc.") accepting this registration, I agree to pay any portion of the registration fee that may remain outstanding in accordance with the payment schedule established by the SCYH, Inc. Board of Directors as it may be modified from time to time by the President and Treasurer of SCYH, Inc. (subject to approval of the Board of Directors). I understand that my failure to pay any portion of the registration fee that may remain outstanding in accordance with the SCYH, Inc. payment schedule will subject the above-named player to suspension or dismissal from the SCYH, Inc. Hockey Program at the sole discretion of the SCYH, Inc. Board of Directors.

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

**Waiver, Indemnity Agreement and Medical Treatment Authorization Form:** In consideration for Southern Connecticut Youth Hockey, Inc. ("SCYH, Inc.") accepting this registration, **I authorize SCYH, Inc. to use any pictures of the above-named player for the purpose of media, publicity or advertising without remuneration to the above-named player.** I am fully aware of the risks of physical injury, including the risk of catastrophic injury and death, as well as other damages and losses associated with contact sports such as Hockey. I recognize that any of the above-noted injuries, losses or damages could arise from the above-named player's participation in any and all activities connected with or associated with the SCYH, Inc. Hockey Program. I further agree on behalf of myself, the above-named player, my heirs, and personal representatives, that SCYH, Inc, and any sponsors, coaches, volunteers, officers, and directors associated with SCYH, Inc., shall not be liable for any claims of injury, loss of life or other damage occurring as a result of the above-named player's participation, and waive all such claims whether based on negligence or any other breach of duty. I further agree that the above-named player has been examined by a physician and is physically fit and able to participate. I hereby give my consent to SCYH, Inc. to arrange and provide for customary medical attention, transportation, and emergency medical services as warranted in the course of the above-named player's participation in the SCYH, Inc Hockey Program.

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

Check if you do not want to receive information about the Southern Stars