



USA Hockey Consent To Treat/Medical History Form



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:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ 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 visit usahockey.com or contact USA Hockey at (719) 576-USAH.

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT

Name: _____

Phone: (____)____-_____

Address: _____

City/State/zip _____, _____ - _____

Physician's Name: _____

Phone: (____)____-_____

Hospital of Choice: _____

MEDICAL HISTORY

Head Injury (concussion, Asthma, Allergies, skull fracture)

Convulsions/epilepsy

Hernia

Diabetes

High blood pressure _____

Neck or back injury

Fainting spells

Heart murmur

Kidney problems

Other _____

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment.

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No

If yes, please list all medications here: _____

Has a doctor placed any restrictions on your activity? Yes No

If yes, please explain here: _____



USA Hockey and Erie Youth Hockey Association



Zero Tolerance Policy

Purpose: Teaching skills, promoting physical fitness and providing fun for the players and their families. The mission of the Erie Youth Hockey Association is to instill the values of the sportsmanship, fairness and respect and character in all participants in the program. For those reasons, EYHA renews its commitment to adhere to and enforce the Zero Tolerance Policy of USA Hockey, the MidAm District and the organization.

Persons Bound of Zero Tolerance Policy: EYHA skaters and their families, ice officials, coaches, Elected EYHA Directors, Appointment EYHA Directors, and EYHA Board Officers.

Conduct Prohibited by Zero Tolerance Policy: In order to assure the safe and orderly progress of games and other events sanctioned by EYHA, the following conduct is prohibited.

1. No swearing or abusive language on the bench, in the rink or at any team function
2. No lashing out at any official no matter the call, Coaches are to handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all ice rinks, hotels, restaurants, etc, during all team functions
7. Player or team officials who cannot abide by or violates these rules are subject to further disciplinary action.

Enforcement of Zero Tolerance Policy: Any person who is bound by the Zero Tolerance Policy who commits a violation of the Policy may be ejected by any person who is authorized to enforce the policy from the premises of the arena in which the game or other EYHA-sanctioned activity is being conducted. The person who enforces the policy, must within 24 hours after the violation, notifies the Board of Directors of EYHA of the incident. In addition to the ejection which immediately follows the incident. The Board of Directors may suspend the person from attending or participating in any EYHA sponsored events for a period of up to and including the remainder of the season. The length of the suspension will be decide after considering the nature and severity of the violations; whether it threatened or resulted in personal injury; the age and function or status of the violation and the act or conduct was isolated continuing. A person who is suspended pursuant of these provisions may appeal form the suspension in accordance with the rules in the EYHA Player and Parent Guidebook concerning the Appeals Committee.

The undersigned, on behalf of the player and player’s parents, sibling, and other members of his or her family, hereby acknowledge the Zero Tolerance Policy as adopted by USA Hockey, the MidAM District and the Erie Youth Hockey Association; agrees that they will agree to abide by the conduct themselves in accordance with the Policy; and understands that violation of the Policy may lead to penalties which can include the suspension from participating in or attending games or other events sanctioned by EYHA of up to one season.

***All signatures, initials and date required**

Parent Signature: _____ Parent Initials: _____ Date: __/__/____
Skater Signature: _____ Skater Initials: _____ Date: __/__/____