

SOUTHWEST OHIO INLINE HOCKEY
PLAYER DOCUMENTATION COVERSHEET

School / Team: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

(please circle your responses)

Do you attend the above named school: Yes or No _____

What team did you play on last year: _____

Proof of school attendance attached: Yes or No

What grade are you in _____

Completed Hockey Player Contract attached: Yes or No

Completed Hockey Parent Contract attached: Yes or No

Copy of AAU Membership attached: Yes or No

Completed Medical Consent / Authorization attached: Yes or No

Photo attached: Yes or No

I understand that if any of the above or attached answers or documentation is missing or falsified that the player will be disqualified from playing and cause the forfeiture of all games in which the player has participated.

Player Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Team: _____

As an SOHA inline **hockey player**, I agree to uphold the following code of conduct and will strive to participate in a respectful and responsible manner and in accordance with SOHA and USARS Inline Hockey Rules.

- Play for FUN and enjoyment of the sport.
- Winning is a consideration, but not the only one, nor the most important one.
- Work hard to improve your skills.
- Be a team player --- get along with and cooperate with your teammates.
- Learn teamwork, sportsmanship and discipline.
- Be on time for all games and practices.
- Learn the rules and play by them. Always be a good sport.
- Respect your coaches, teammates, parents, opponents and the officials.
- Never argue with the decision of an official or coach.
- Respect the arena and its facilities. Without them you wouldn't have a place to play.

As a player in the SOHA hockey league, in addition to above Rules of Conduct, I have read and agree to abide by all rules as outlined in the current "USARS Inline Hockey Rules" booklet .

I have also read and I agree to abide by the "SOHA Rules of Play and Bylaws including Code of Conduct and SOHA Policy."

Any violation resulting from non-compliance of above code of conduct could result in suspension and/or termination of playing privileges as determined by the Executive Board.

I also give consent for any photographs taken during participation events to be used for publicity purposes and other types of publicity.

Players Signature _____

Parents Signature _____



Team _____

As an SOHA inline **hockey parent**, I agree to uphold the following code of conduct and will strive to participate in a respectful and responsible manner and in accordance with SOHA and USARS Inline Hockey Rules.

- Do not force your children to participate in sports, but support their desires to play their chosen sport. Children are involved in organized sports for their enjoyment. Make it fun.
- Encourage your child to play by the rules. Remember, children learn best by example, so applaud the good plays of both teams.
- Do not embarrass your child by yelling at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.
- Emphasize the benefits of skill development and practices.
- Know and study the rules of the game and support the officials. This approach will help in the development of the sport.
- Applaud a good effort in victory and in defeat; enforce the positive points of the game. Never yell or physically abuse ANY child after a game or practice. **Work toward removing the physical and verbal abuse in youth sports.**
- Recognize the importance of volunteer coaches. They are important to the development of your child and the sport. Communicate with them and support them.
- If you enjoy the game, learn all you can about it, and **VOLUNTEER!**

As a parent of a participant in the SOHA hockey league, I agree to encourage my child to abide by all rules as outlined in the current "USARS Inline Hockey Rules" booklet as well as the "SOHA Rules of Play".

I have also read and I agree to abide by the "SOHA Rules of Play and Bylaws including Code of Conduct and SOHA Policy."

Any violation resulting from non-compliance of above code of conduct could result in suspension and/or termination of privileges as determined by the Executive Board.

I also give consent for any photographs taken during participation events to be used for publicity purposes and other types of publicity.

Parent and/or Legal Guardian Signature _____

Parent and/or Legal Guardian Signature _____



I hereby release, discharge and/or otherwise indemnify the Southwest Ohio Inline Hockey Association, its employees and

Personnel, including the owners of the arenas and facilities utilized by the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I authorize. As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of dependent. I also give consent for any photograph's taken during participation events to be used for publicity purposes.

I hereby give my approval and consent to this Indemnification Agreement.

Parent/Legal Guardian

Name: (Please Print) _____

Signature _____

Name: (Please Print) _____

Signature _____

Players Name _____

School _____



Participant Name _____
Address _____
Phone Number _____
Date of Birth _____
AAU Membership # _____
School Team _____

Purpose: To enable parents and guardians, coaches or SOHA Officials to authorize the provision of emergency treatment for participants who become ill or injured while participating in SOHA sanctioned activities, when parents, guardians or next of kin cannot be reached.

PART I OR II MUST BE COMPLETED

Part I- To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by the designated preferred physician or dentist, or, in the event the designated preferred practitioner is not available, treatment may be administered by another licensed physician or dentist, emergency personnel; and (2) the transfer of the child or coach to preferred hospital or any hospital reasonably accessible.

EMERGENCY CONTACTS:

Residential Parent or Guardian

Mother _____ Home Phone _____ Cell _____

Father _____ Home Phone _____ Cell _____

Guardian _____ Home Phone _____ Cell _____

Other Relative _____ Relationship _____

Home Phone _____ Cell _____

Secondary Emergency Contact _____ Relationship _____

Home Phone _____ Cell _____

I hereby consent for the following medical care providers and local hospital to be called:

Preferred Doctor _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Medical Specialist _____ Phone _____

Preferred Local Hospital _____

Allergies _____

Medications _____

Medical Conditions: _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted will be shared.

Date Signature of parent/Guardian/Participant over the age of 18

PART II: REFUSAL TO CONSENT:

I do not give any consent for emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish that SOHA authorities to take no action or to:

Date

Signature of parent/Guardian/Participant over the age of 18

Financial Responsibility I will assume full responsibility for medical payments in case of injury or accidental death attained by myself/my child during his/her participation in Inline Hockey while playing for SOHA. Also, I verify that he/she is covered by medical insurance in addition to USA Inline Hockey Insurance in the case of injury or illness.

Insurance Company _____ Policy # _____

Group # _____ Policy Holder _____

I thoroughly understand the above stipulation and hereby give my full consent to participate as a coach/referee or for my child to participate.

Date Signature of parent/Guardian/Participant over the age of 18

Returning Player and Parent
Southwest Ohio Inline Hockey Association

Team _____

As a participant in the SOHA hockey league, I agree to encourage ALL participants to abide by all rules as outlined in the current "USARS Inline Hockey Rules" booklet as well the "SOHA Rules of Play".

I have also read and I agree to abide by the "SOHA Rules of Play and Bylaws including

Code of Conduct and SOHA Policy."

Any violation resulting from non-compliance of above code of conduct could result in suspension and/or termination of privileges as determined by the Executive Board. This includes player, parent and/ or both.

I also give consent for any photographs taken during participation events to be used for publicity purposes and other types of publicity.

I hereby release, discharge and/or otherwise indemnify the Southwest Ohio Inline Hockey Association, its employees and Personnel, including the owners of the arenas and facilities utilized by the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I authorize. As the parent/guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of dependent.

I hereby give my approval and consent to this Indemnification Agreement.

Parent and/or Legal Guardian Signature _____

Parent and/or Legal Guardian Signature _____

Player signature: _____