

**CONNECTICUT NORTHERN LIGHTS GIRLS HOCKEY**  
**"Mini-Lights" In-House Mite Program**  
**2010 – 2011 Registration Form**

**PLAYER INFORMATION**

Full Name: \_\_\_\_\_  
(AS IT APPEARS ON HER BIRTH CERTIFICATE)

Name Player Goes By: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Is the player a US Citizen?  Yes  No If no, citizen of: \_\_\_\_\_

**MOTHER INFORMATION**

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother Email: \_\_\_\_\_

Are you interested in coaching or assisting with off-ice activities?: \_\_\_\_\_

Hockey Experience: \_\_\_\_\_

**FATHER INFORMATION**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father Email: \_\_\_\_\_

Are you interested in coaching or assisting with off-ice activities?: \_\_\_\_\_

Hockey Experience: \_\_\_\_\_

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- Registration Fees for Mini-Lights are \$725 (\$650 if registered by 3/7/10)
  - A *non-refundable* deposit of \$200 is required to reserve a space
  - The balance is due by June 1, 2010
  - Enrollment limited to 40 players on a first come, first serve basis
  - For more information contact Eric Pumiglia at eandgpumiglia@charter.net

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Please check below to indicate the amount enclosed

- Deposit Enclosed (\$200)
- Full Registration Enclosed (\$725 or \$650 if registered by 3/7/10)



**USA HOCKEY**  
**CONSENT TO TREAT**

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:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signed: \_\_\_\_\_

(parent/guardian or adult participant)

Relationship to Participant: \_\_\_\_\_

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 Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

(over, please)

**MEDICAL HISTORY FORM**  
*(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)*

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

Please 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: \_\_\_\_\_**

**Connecticut Northern Lights Girls Sports, Inc.**  
**Credit Card Payment Form**  
**2010-2011 Season**

Credit Card information must be provided to the Northern Lights prior to any player being permitted on the ice. **The only exception to this will be if the player's tuition is paid in full for the entire season, prior to the first practice of the season.**

I elect to pay the tuition for my child(ren) via the payment plan(s) defined in NLGH Fee Payment Schedule Agreement 2010-2011 Season. If the payment is not received by the due date, always the 15<sup>th</sup> of the month, I authorize my credit card defined below to be billed for the amount due in the payment schedule defined in Attachment A. I understand the credit card will be billed between the 16<sup>th</sup> and the 20<sup>th</sup> of the month.

In addition, to support the cost associated with the credit card transaction, I agree to pay an additional 4% on my registration fee payment. For example, when a \$250.00 payment is due, my card will be charged an additional \$10.00 = .04X\$250.00, totaling a payment of \$260.00.

I also agree that I will keep a credit limit sufficient to allow for the processing of these payments in accordance with the payment plan contained in the Northern Lights Commitment Agreement and NLGH Fee Payment Schedule Agreement 2010-2011 Season that I have signed and agreed to.

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

Team: \_\_\_\_\_

Please use:

Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Billing address associated with card:

\_\_\_\_\_

Street

Apt.

\_\_\_\_\_

Town

State

Zip

I agree to the terms of this election and authorize billing to the credit card defined above.

\_\_\_\_\_

Signature

## **Connecticut Northern Lights Promotional Materials Release**

The Northern Lights Girls Ice Hockey Program maintains a website ([www.nlgh.com](http://www.nlgh.com)) and also sends out press releases to local newspapers and magazines about its activities. We would like your permission to include your child's name and occasionally her photograph in these communications. As a general rule, we do not identify players by name in photographs that appear on our website. However, newspapers and magazines do require names for use in photo captions. Should you have a question about the Northern Lights Promotional Materials policies, please contact Meg Ward.

*Please check one box and sign below:*

- I give the Northern Lights Girls Ice Hockey Program permission to include my child's name and or photograph in press releases and publications as described above.**
  
- I DO NOT give the Northern Lights Girls Ice Hockey Program permission to include my child's name and or photograph in press releases and publications as described above.**

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*Players Name*

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*Parent's Printed Name*

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*Parent's Signature*

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*Date*