



Moorhead Youth Hockey Association

Player Registration Form 2011-2012 Season



___ New Member ___ Existing Member ___ Transfer

PLAYER INFORMATION:

(PLEASE USE LEGAL NAME AND PRINT CLEARLY)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____/_____/_____ Male: _____ Female: _____

School Attending: _____ Level Playing: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian: _____ Relationship to player: _____

Email address: _____

Cell #: _____ Home #: _____

Work #: _____ Other #: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship to player: _____

Email address: _____

Cell #: _____ Home #: _____

Work #: _____ Other #: _____

Address: _____

City: _____ State: _____ Zip: _____

OFFICE USE ONLY:

BIRTH CERTIFICATE ON FILE

YES

NO

A/B CHECK # _____ AMOUNT: _____

C CHECK # _____ AMOUNT: _____

D CHECK # _____ AMOUNT: _____

ACCESS _____ YO# _____ LO# _____ FA# _____



Membership Fees

A: Annual Family Membership \$10	C: <u>Volunteer Fee</u> 1st year Rookies Exempt Rookies 4 hours x \$20 \$80 Mites 8 hours x \$20 \$160 Squirt-Junior Gold 12 hours x \$20 \$240 *Fee based on oldest child's playing level
B: <u>Registration Fees</u> Rookie \$75 Mite \$65* Squirt Inhouse \$105 PeeWee, Bantam, 12U, 14U \$335 Junior Gold \$310 Squirt/10U Travel Fee \$260 Family registration max \$825 *Cost appears lower. Players who are 7 on January 1, 2011 or turn age 7 during the 2011 calendar year are required to purchase the online USA Hockey insurance.	D: <u>Raffle Ticket Purchase</u> First Player purchases 15 tickets \$280 Second Player purchases 7 tickets \$140 Third player purchases 4 tickets \$80 Family max of 25 tickets \$500
A TOTAL: \$10.00	C TOTAL:
B TOTAL:	D TOTAL:

Moorhead Youth Hockey Association

Permanent Waiver 2011-2012 Season

Parent/Guardian Name: (Print clearly)

The undersigned parent/guardian of

_____ (Player's name)

I do hereby agree for said child and his/her heirs, executors, administrators, and assigns of said child, that neither said MYHA, nor any of its officers, directors, members, coaches, assistant coaches, employees, and volunteers shall not be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by said child in connection with or arising out of, or resulting from any or all youth hockey activities engaged in by said child: and further I / we do hereby, for said child, his/her heirs, executors, administrators and assigns, assume all risk whatsoever of personal injury or death or property damage or loss in connection with or arising out of or resulting from any or all youth hockey activities, engages in by said child, and absolve and release said MYHA, its officers, directors, members, coaches, assistant coaches, employees, and volunteers of and from all liability thereof, and further, I / we do hereby covenant and agree for said child his/her heirs, executors, administrators, and assigns, not to sue, arrest, attach, or prosecute said MYHA, its officers, directors and members for or on account of any personal injury or death or property damage or loss, it being my/our express intent and purpose to bind said child's heirs, executors, Administrators, and assigns.

Signature: Parent/Guardian

Date: _____ / _____ / _____

I hereby grant authorization for my child's name, home phone number and address to be published on a team roster, which will be made available to coaches, staff, team members and other individuals deemed necessary. I understand that if I choose not to sign this waiver, my child's name and phone number will not appear on any team roster but will be given to the coach and appropriate MYHA staff.

Signature: Parent/Guardian

Date: _____ / _____ / _____

2011-12 MEDICAL HISTORY FORM

Player Name: _____ Birthdate: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Parent/Guardian _____ Phone: (____) _____
Parent/Guardian _____ Phone: (____) _____
Alternate: _____ Relationship _____ Phone: (____) _____
Physician's Name: _____ Phone: (____) _____
Hospital of Choice: _____

PLEASE ANSWER 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, attach sheet if needed.) **If you do not wish to fill out the following, please sign the appropriate line below.**

Have you had in the past year (or do you presently have) any of the following?

	<u>Check One</u>	
	YES	NO
Allergies Specify _____		
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
Injuries to:		
Shoulder	YES	NO
Knee	YES	NO
Ankle	YES	NO
Fingers	YES	NO
Arm	YES	NO
Other _____	YES	NO
Poor vision	YES	NO
Poor hearing	YES	NO
Other: _____		
Have you had a recent tetanus booster? If so, when? _____		
Are you currently taking any medication? What? _____		
Why? _____		

Has the doctor placed any restrictions on your activity? Explain. _____

Parent/Guardian Signature: _____ Date ____/____/____

_____, I, the undersigned parent/guardian, do **NOT** wish to fill out the medical information for my child. (Only sign if you do **NOT** want to give out the above information)

Parent/Guardian Signature: _____ Date ____/____/____



USA HOCKEY Consent To Treat/Medical History Form

This is to certify that on this date, I _____, as a 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, 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.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

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

Head Injury Asthma Allergies _____

Fainting Spells High Blood Pressure Diabetes

Convulsions/Epilepsy Kidney Problems Heart Murmur

Neck or Back Injury Hernia Other _____

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

Have you had a recent tetnus booster? YES NO If yes, when? _____

Are you currently taking medications? YES NO If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? YES NO If yes, please explain on back.

PARENT/GUARDIAN VOLUNTEER FORM

By volunteering, members support and enhance their team's on-ice activities, along with building a strong hockey association. As a non-profit organization, volunteering and fundraising are key components. Please fill out this form to specify your areas of interest in the volunteer aspect of our association.

YOUTH NAME (S): _____ LEVEL: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____ CELL PHONE #: _____

PLEASE CHECK ALL AREAS YOU ARE WILLING TO VOLUNTEER (3 minimum)

<input type="checkbox"/> Tournaments <input type="checkbox"/> Sponsor a team <input type="checkbox"/> In-House <input type="checkbox"/> Travel <input type="checkbox"/> In-house coach or assistant coach <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Registration 2011 <input type="checkbox"/> Team Pictures <input type="checkbox"/> Fall Social	<input type="checkbox"/> Building Repair <input type="checkbox"/> Fundraising <input type="checkbox"/> Concessions <input type="checkbox"/> Light office duties <input type="checkbox"/> Count pulltabs <input type="checkbox"/> Misc. gaming help <input type="checkbox"/> Bingo Attendant <input type="checkbox"/> Donate \$_____ to scholarship fund
--	--

Other (Please specify any special talents, occupation, or other duties you may assist with to benefit our association)

PARENT/GUARDIAN NAME: _____

EMAIL: _____ CELL PHONE #: _____

PLEASE CHECK ALL AREAS YOU ARE WILLING TO VOLUNTEER (3 minimum)

<input type="checkbox"/> Tournaments <input type="checkbox"/> Sponsor a team <input type="checkbox"/> In-House <input type="checkbox"/> Travel <input type="checkbox"/> In-house coach or assistant coach <input type="checkbox"/> Parent Coordinator <input type="checkbox"/> Volunteer Coordinator <input type="checkbox"/> Registration 2011 <input type="checkbox"/> Team Pictures <input type="checkbox"/> Fall Social	<input type="checkbox"/> Building Repair <input type="checkbox"/> Fundraising <input type="checkbox"/> Concessions <input type="checkbox"/> Light office duties <input type="checkbox"/> Count pulltabs <input type="checkbox"/> Misc. gaming help <input type="checkbox"/> Bingo Attendant <input type="checkbox"/> Donate \$_____ to scholarship fund
--	--

Other (Please specify any special talents, occupation, or other duties you may assist with to benefit our association)
