



**Milton Youth Hockey Association
2009-2010 Registration Form**

*****YOU MUST COMPLETE ALL FORMS IN FULL FOR EACH CHILD REGISTERED*****

Player's Name: _____

Player Information:

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Birth Certificates are required for new MYHA players. I have enclosed a copy of birth certificate: YES / NO (Circle one)

Division Age Group Birth Year Fee for Season

- ___ Blue Blade 6 & Under 2003 & later \$75
- ___ Mite 7 & 8 years old 2001 & 2002 \$520
- ___ Squirt 9 & 10 years old 1999 & 2000 \$560
- ___ Peewee 11 & 12 years old 1997 & 1998 \$675
- ___ Bantam 13 & 14 years old 1995 & 1996 \$700

THESE PRICES DO NOT INCLUDE THE USA HOCKEY REGISTRATION FEES YOU WILL BE CHARGED WHEN REGISTERING WITH USA HOCKEY. THAT IS A \$ 32 FEE.

Parent / Guardian Information (Must be completed in full)

Parent/Guardian 1 Name: _____ Relationship: _____

Work phone #: _____

Address (if different): _____

Parent/Guardian 2 Name: _____ Relationship: _____

Work phone #: _____

Address (if different): _____

As the parent or legal guardian of the above mentioned player, I hereby give consent for emergency medical treatment, if needed, and certify that there are no limitations or restrictions to this player's participation except as stated in writing, and included with this application. I hereby certify that all information provided on registration and accompanying forms is complete and accurate to the best of my knowledge.

Parent/Guardian signature: _____ Date: _____

A non-refundable deposit of \$30 is due at registration.

Official Use Only

Deposit: \$ _____ Check #: _____ /Cashed Received on: _____ By: _____

Balance Due: \$ _____ Check #: _____ /Cashed Received on: _____ By: _____



**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.

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

Diabetes Yes No

Allergies Yes No

Please specify: _____

Asthma Yes No

High blood pressure Yes No

Kidney problems Yes No

Hernia Yes No

Heart murmur Yes No

Impaired vision Yes No

Impaired hearing Yes No

Other: _____

Injuries to:

Shoulder Yes No

Knee Yes No

Ankle Yes No

Fingers Yes No

Arm 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: _____



USA HOCKEY

PARTICIPANT, PARENT, & SPECTATOR CODE OF CONDUCT

PARENTS CODE OF CONDUCT

- 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 skill development and practices and how they benefit your young athlete. De-emphasize games and competition in the lower age groups.
- Know and study the rules of the game and support the officials on and off the ice. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.
- Applaud a good effort in both victory and defeat, and enforce the positive points of the game. Never yell or physically abuse your child after a game or practice – it is destructive. 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 hockey – and volunteer.

I, _____, have read the USA Hockey Parents Code of Conduct and agree to comply with its recommendations.

Signature: _____ Date: _____

Signature: _____ Date: _____

SPECTATORS CODE OF CONDUCT

Display good sportsmanship. Always respect players, coaches and officials. Act appropriately; do not taunt or disturb other fans; enjoy the game together.

- Cheer good plays of all participants; avoid booing opponents.
- Cheer in a positive manner and encourage fair play; profanity and objectionable cheers or gestures are offensive.
- Help provide a safe and fun environment; throwing any items on the ice surface can cause injury to players and officials.
- Do not lean over or pound on the glass; the glass surrounding the ice surface is part of the playing area.
- Support the referees and coaches by trusting their judgment and integrity.
- Be responsible for your own safety – be alert to prevent accidents from flying pucks and other avoidable situations.
- Respect locker rooms as private areas for players, coaches and officials.
- Be supportive after the game – win or lose. Recognize good effort, teamwork and sportsmanship.

I, _____, have read the USA Hockey Spectators Code of Conduct and agree to comply with its recommendations.

Signature: _____ Date: _____

Signature: _____ Date: _____

PARTICIPANT CODE OF CONDUCT

NAME: _____

To be read and signed by you as a member of Team: _____

Participating in USA Hockey for the 2009-2010 season.

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 what the call is. The coaching staff will 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 facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____