



2012-2013 SEASON

PLAYER REGISTRATION



Palouse Youth Hockey Association



(This page may be used to register only one child –or– up to four children within the same immediate family.)

Player/Participant #1: Returning New **Requires copy of government-issued birth verification document.**

Name Last _____ First _____ Goes by _____
 (nickname, if any)

Birthday Month _____ Date _____ Year _____ Age Division _____ Request to Play Up
 (requires approval)

Male Female USA Hockey Confirmation # _____ **required**

Citizenship U.S. Team Jersey (red) Need to Borrow
 Dual/Multiple – U.S. **AND** other(s) Purchased Own
 Canadian* Size _____
 Other* (NO U.S. citizenship) – Country: _____ # on Purchased Jersey _____

***Requires copy of child's Permanent Resident Card or Registration Receipt Card, —or— parent's appropriate Visa.**

Player/Participant #2: Returning New **Requires copy of government-issued birth verification document.**

Name Last _____ First _____ Goes by _____
 (nickname, if any)

Birthday Month _____ Date _____ Year _____ Age Division _____ Request to Play Up
 (requires approval)

Male Female USA Hockey Confirmation # _____ **required**

Citizenship U.S. Team Jersey (red) Need to Borrow
 Dual/Multiple – U.S. **AND** other(s) Purchased Own
 Canadian* Size _____
 Other* (NO U.S. citizenship) – Country: _____ # on Purchased Jersey _____

***Requires copy of child's Permanent Resident Card or Registration Receipt Card, —or— parent's appropriate Visa.**

Player/Participant #3: Returning New **Requires copy of government-issued birth verification document.**

Name Last _____ First _____ Goes by _____
 (nickname, if any)

Birthday Month _____ Date _____ Year _____ Age Division _____ Request to Play Up
 (requires approval)

Male Female USA Hockey Confirmation # _____ **required**

Citizenship U.S. Team Jersey (red) Need to Borrow
 Dual/Multiple – U.S. **AND** other(s) Purchased Own
 Canadian* Size _____
 Other* (NO U.S. citizenship) – Country: _____ # on Purchased Jersey _____

***Requires copy of child's Permanent Resident Card or Registration Receipt Card, —or— parent's appropriate Visa.**

Player/Participant #4: Returning New **Requires copy of government-issued birth verification document.**

Name Last _____ First _____ Goes by _____
 (nickname, if any)

Birthday Month _____ Date _____ Year _____ Age Division _____ Request to Play Up
 (requires approval)

Male Female USA Hockey Confirmation # _____ **required**

Citizenship U.S. Team Jersey (red) Need to Borrow
 Dual/Multiple – U.S. **AND** other(s) Purchased Own
 Canadian* Size _____
 Other* (NO U.S. citizenship) – Country: _____ # on Purchased Jersey _____

***Requires copy of child's Permanent Resident Card or Registration Receipt Card, —or— parent's appropriate Visa.**



2012-2013 SEASON

PARENT GUARDIAN INFORMATION AND AGREEMENT

Parent/Guardian:

Father Mother Legal Guardian

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

Email (for PYHA/team communication) _____

Additional Email (optional) _____

Parent/Guardian:

Father Mother Legal Guardian

Last Name _____ First Name _____

Check here if address is the same as Parent/Guardian's listed above, otherwise, complete address info below.

Address _____ City _____ State _____ Zip _____

Mobile Phone _____ Home Phone _____

Email (for PYHA/team communication) _____

Additional Email (optional) _____

As one of the above Parent/Guardian(s) registering my child(ren) to participate as a member of the Palouse Youth Hockey Association in the 2012-2013 youth hockey season, I agree to receive PYHA and team information via email. I have read the "Welcome to Bears hockey!" information and understand and agree to the requirements for registration, protective gear, and League Service. I also agree to read and abide by the USA Hockey Zero Tolerance policy (available via the PYHA or USAH websites). Further, I agree that a photocopy of any of the registration forms may be made for team use and that each may be considered to be as valid as the originals.

Intentions re Payment of Registration Fees:

- 1 Payment
- 2 Payments
- 3 Payments
- Need contact to discuss other options

Intentions re League Service:

- I/we have already committed to one or more specified PYHA/team volunteer positions
- Our family will work the required 15 hours to fulfill league service
- I/we elect to "buy out" of league service

Parent/Guardian

Date Signed



CONSENT TO TREAT and PLAYER MEDICAL HISTORY



Participant: _____

Date of Birth: _____

This is to certify that on this date, I, _____, as parent or guardian of the participant named above ("Participant"), give my consent to USA Hockey and its medical representative and/or the Palouse Youth Hockey Association and its representative to obtain medical care from any licensed physician, hospital, or clinic for Participant for any injury that could arise from participation in USA Hockey sanctioned events and/or general team practices and scrimmages.

Parent/Guardian Signature: _____

Date: _____

If Participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

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 www.usahockey.com or call USA Hockey at 719-576-USAH.

In case of an emergency, we will attempt to contact the Parent(s)/Guardian(s) indicated on the registration form. Please indicate physician/hospital preferences below:

Physician's name: _____

Address (city): _____ Phone: () _____

Hospital of choice: _____

PLEASE COMPLETE THE FOLLOWING:

Has the above-named participant had (or presently have) the following?

- | | | | | | |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Fainting spells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Head injury (concussion, skull fracture) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Convulsions/epilepsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neck or back injury |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shoulder injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Arm injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidney problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hand injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hip injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Knee injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart murmur | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Foot/ankle injury <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Impaired vision | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Impaired hearing | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergies (please specify): _____ | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (injuries/issues): _____ | | | |

If you checked Yes for any of the above, please describe the problem and its implications for proper first aid treatment on the back of this form (or on a separate sheet of paper and include with this form).

Has the participant had a recent tetanus booster? Yes No If so, when? _____

Is the participant currently taking any medications? Yes No If so:

Type _____ Reason: _____

Has a doctor placed any restrictions on the participant's activity? Yes No If so, please explain:



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of the PYHA Bears hockey team and participating in USA Hockey for the 2012-2013 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: _____