



HOLY NAME ICE HOCKEY CLUB

www.holynameicehockey.org

PARENTAL PLEDGE AND CODE OF ETHICS

I shall show respect and positive support for coaches and officials, prior to, during and after the game or practice.

I will ensure my child behaves in a sportsmanlike manner.

I will be mindful of the need for player development over the need to win.

I will insist that my child plays in a safe and healthy environment.

I will ensure that my child will not use performance-enhancing drugs.

I will be mindful of my role at all times, to provide support, and not openly instruct during the game or practice or openly interpret the rules.

I will abide by the rulings of the officials and coaches and league administrators during and after the game.

I will demand and demonstrate a healthy sports environment by refraining from drug, alcohol and tobacco use during all sporting events.

I _____ on this day of _____ 2009, have read and understand the Holy Name Ice Hockey Club's Parental Pledge and Code of Ethics and pledge to follow the code and the policy regards acceptable parental behavior.

Child's Name

Team Level

Parent/Guardian Name (Print)

Parent Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian Signature



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 Athlete: _____

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 Shirley Murray, Marsh USA, Inc., (317) 261-9307.

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

(over, please)

3C Rev 3/04

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:



USA HOCKEY
PARTICIPANT CODE OF CONDUCT
2009-2010 Hockey Season

INSTRUCTIONS:

Print this page using your web browser, fill it out, sign it and date it.

Submit this form with other registration materials to your local USA Hockey Associate Registrar.

PRINT NAME OF

PARTICIPANT: _____

I have read and signed this form as a member of _____
team

participating in USA Hockey for the 2009-2010 playing 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.
5. There will be no drinking, smoking, chewing of tobacco, or use of illegal substances at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during any team function.
7. I understand that players or team officials who cannot abide by these rules or who violates them will be subject to further disciplinary action.

Signature: _____ Date: _____



**Waiver of Liability, Release
Assumption of Risk & Indemnity Agreement**

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

_____ Age _____ Date Signed

PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

_____ Date Signed

PARENT OR GUARDIAN SIGNATURE

(if Participant is 17 years of age or younger)

This form to be retained by local program.