



## Milton Youth Hockey Association 2014-2015 Registration Form



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

Player's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ 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 and Fees for Season**

Level	Age Range	2014-2015 Registration Fees
___ Blue Blade	Age 6 & Under - Birth year 2008 & later	\$100
___ Mite	7 & 8 years old - Birth year 2006 & 2007	\$495
___ Squirt	9 & 10 years old - Birth year 2004 & 2005	\$535
___ Peewee	11 & 12 years old - Birth year 2002 & 2003	\$650
___ Bantam	13 & 14 years old - Birth year 2000 & 2001	\$675

- The above prices do not include a \$44 USA Hockey registration fee that you will be charged when registering with USA Hockey.
- An additional fee of \$48 will be charged to new players (Mite level and higher) to cover the purchase of name plates and game socks which are a mandatory part of the uniform.
- MYHA is pleased to extend a discount to families with multiple children in the program. Families with 2 children in the program will receive a 10% discount off their total season fees. Families with 3 or more children will receive a 20% discount off their total season fees.

MYHA is pleased to be able to provide loaner gear to those that are new to hockey at the Blue Blade level. Loaner gear sets are designed to allow your child to try hockey without you having to purchase all the equipment! Loaner gear sets include everything you need *except* for skates, athletic cup protector, neck guard, and hockey socks. You may also need to purchase a hockey stick. MYHA has a limited number of loaner gear sets which are available on a first come, first served basis.

\_\_\_ Yes, we are interested in using one of MYHA's loaner gear sets

**Parent / Guardian Information (Must be completed in full)**

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address (if different): \_\_\_\_\_

As the parent or legal guardian of the above mentioned player:

- I understand that unless prior arrangements have been made, full payment of season fees is expected at First Skate in October. If I opt for a payment plan and payments are not received in a timely manner by dates mutually agreed upon by myself and MYHA, then MYHA has the right to remove my child from the ice until payment or other arrangements are made.
- I understand that MYHA reserves the right to take and/or publish photos of practices and games for use in promoting
- MYHA. Photos may be used in print and digital form including the MYHA website and Facebook page.
- 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 if \$30 is due at registration (In the event MYHA is unable to field a team, a full refund will be issued)

**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.

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

Insurance Company: \_\_\_\_\_

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

Parent/Guardian 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 [www.usahockey.com](http://www.usahockey.com) or contact USA Hockey at 719-576-USAH.

**EMERGENCY CONTACT INFORMATION**

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

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

**COMPLETION OF MEDICAL INFORMATION BELOW IS OPTIONAL**

(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.)

\_\_\_ **Head injury**  
(concussion, skull fracture)

\_\_\_ **Asthma**  
\_\_\_ **High blood pressure**

\_\_\_ **Allergies** \_\_\_\_\_

\_\_\_ **Fainting spells**  
\_\_\_ **Convulsions/epilepsy**

\_\_\_ **Kidney problems**

\_\_\_ **Diabetes**

\_\_\_ **Neck or back injury**

\_\_\_ **Hernia**

\_\_\_ **Other** \_\_\_\_\_

\_\_\_ **Heart murmur**

Have you had a recent tetanus booster? \_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any medications? \_\_\_ What?  
\_\_\_\_\_

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: \_\_\_\_\_

### 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: \_\_\_\_\_

### PARTICIPANT CODE OF CONDUCT

NAME: \_\_\_\_\_

To be read and signed by you as a member of Milton Youth Hockey Association participating in USA Hockey for the 2013-2014 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: \_\_\_\_\_