

**ASHLAND YOUTH HOCKEY ASSOCIATION  
2008-09 REGISTRATION FORM**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

I (We) the parents and or legal guardian of the above named minor give my (our) approval and permission of him/her to participate in any and all events associated with Ashland Youth Hockey during the current hockey season. I (we) assume all risks and hazards incidental to participation in the hockey program including transportation to and from practice, games and related activities. I (we) do waive, release, absolve, indemnify and agree to hold harmless the Ashland Youth Hockey Association, it's organizers, directors, sponsors, participants and any persons transporting my (our) minor (identified above) to or from practices, games and related activities for any claim arising out of an injury to my (our) minor.

I (We) agree to return upon request the jersey (or any other equipment issued) to our minor in as good condition as when received, except for normal wear and tear.

I (We) will furnish a certified birth certificate for the above named minor so a copy may be attached to this registration form. (traveling teams only)

I (We) agree to participate in any fund-raisers under the guidelines set for each fund-raiser.

Signature(s):  
\_\_\_\_\_  
\_\_\_\_\_

LEVEL	AGE	BIRTH YEAR	FEE
Learn to Skate	3 - 8	1999 - 2004	\$25.00
Mini Mite	4 - 5	2002 - 03	\$60.00
Mite	6 - 8	1999 - 2001	\$70.00
Squirt	9 - 10	1997 - 98	\$120.00
Pee Wee	11 - 12	1995 - 96	\$120.00
Bantam	13 - 14	1993 - 94	\$150.00
Girls 12U	9 - 12	1995 - 1998	\$120.00
Girls 19U	13 - 19	1988 - 1994	\$150.00
Registration Fee Total			
USA Hockey Insurance Fee (required for players 7 years and older)			<b>\$35.00</b>
* If registering after September 13 <sup>th</sup> add \$25.00 late fee (returning players only)			
Total Fees			

Mites and above may pay registration in two equal installments (Insurance Fee is due in full at time of registration): Amount Paid \$\_\_\_\_\_ Balance Due 1/1/07 \$\_\_\_\_\_

Please make checks payable to: Ashland Youth Hockey Association; PO Box 169; Ashland WI 54806

**TO REGISTER AND PAY ONLINE VISIT WWW.ASHLANDHOCKEY.ORG**



**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 visit [www.usahockey.com](http://www.usahockey.com) or call USA Hockey at 719-576-USAH.

(over, please)

**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: \_\_\_\_\_**



## 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.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

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.

\_\_\_\_\_  
PARTICIPANT SIGNATURE                      Age \_\_\_\_\_                      Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE                      Date Signed \_\_\_\_\_  
(if Participant is 17 years of age or younger)

*This form to be retained by local program.*

AYHA Volunteer Information Form  
(to be filled out by parents of children Mini Mite level or above)

Parent(s) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Team(s): \_\_\_\_\_

Is this your first year working scheduled volunteer hours at AYHA?      yes      no

Do you have experience operating the zamboni?      yes      no

Would you like to learn how to operate the zamboni?      yes      no

Would you be willing to be the "call person" for your group?      yes      no  
(Scheduler would phone you with changes. You would then contact the rest of your group to inform them of the change. Approx 4-5 calls)

You will be assigned to a work group for the year and scheduled to work approximately 4-6 events with your group. The work group assignment and schedule of hours will be posted as soon as it is complete. Please watch the bulletin board in early November for these postings.