

**Please complete the form below and paperwork in the packet. Return the packet and USA Hockey Receipt to:**

CCYHA  
PO Box 201  
Meadville, PA 16335

If you are not paying online, please make check payable to CCYHA and mail with your paperwork.

**CCYHA Registration  
2010- 2011 Season**

Player Name (Last, First): \_\_\_\_\_

2010 – 2011 USA Hockey Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Division Played: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Other Contact Person: \_\_\_\_\_

Citizenship (USA or Other): \_\_\_\_\_

Contact Information:

Address (Street): \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

\*Most of our communication efforts are done through email. Please provide the email that you check frequently.

# Crawford County Youth Hockey Association 2010 – 2011 Season

www.ccyha.net

CCYHA is happy to announce that we will not have to increase our fees for next season. This is due to the hard work from our members, successes of our fundraisers, personal contributions and contributions from many local businesses. We thank you for all that you do to help keep our organization going and to keep our costs as low as possible for our players!

## FEES

- (1) \$35 Pre-registration fee. To be paid by cash or check at the time of pre-registration. This fee will cover the cost of USA Hockey Registration. CCYHA will register your child with USA Hockey.
- (2) \$45 Fundraiser. You may either pay a \$45 buy out of the fundraiser or sell \$50 worth of raffle tickets. The fee is to be paid at time of fall registration.
- (3) Season fees:
  1. \$175 mini-mites
  2. \$310 Mite (birth year 2002 - 2003), Squirt (birth year 2000 - 2001), Peewee (birth year 1998 - 1999)
  3. \$210 Banget (birth year 1991 - 1997)

## PAYMENT OPTIONS:

- (1) Paid in full up front by Pay Pal on CCYHA website or by check
- (2) 10 month payment plan beginning May 2010 – February 2011 through Pay Pal on CCYHA website
- (3) 5 month payment plan beginning September 2010 – February 2011 through Pay Pal on CCYHA website
- (4) 3 monthly payments beginning September 2010 – November 2010, cash or check. To be given to the Treasurer or deposited in CCYHA collection box in the MARC lobby.

***\* Please check our website in May if you would like to sign up for the 10 month payment plan. It will be on-line May 1 – May 31. [www.ccyha.net](http://www.ccyha.net)***

***\* Please note that PayPal charges a 3% convenience fee for any payments or payment plans through them.***



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

PARTICIPANT



## USA HOCKEY

### CODE OF CONDUCT

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

To be read and signed by you as a member of Crawford County Youth Hockey Participating in USA Hockey for the 2010 - 2011 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: \_\_\_\_\_