

## RVYHA REGISTRATION RELEASE

Return this page to team manager

Player/ Coach Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Parent /Guardian Signature

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

### **Parent/Guardian Consent**

The undersigned parent/guardian has read the information contained in the application and the attach registration sheet regarding the Rogue Valley Youth Hockey Association league .The undersigned understands that the registrant's participation in this league is conditioned upon completion of the forms, and timely payment of all fees (which are nonrefundable). The Rogue Valley Youth Hockey Association and USA Hockey require submission of all required documents, which include USA Hockey Individual Member Registration Form, Consent to Treat, Medical History, and Waiver of Liability, USA Code of Conduct, as well as any other documentation required by RVYHA or USA Hockey.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Relationship to Applicant

<input type="checkbox"/> COACH <input type="checkbox"/> PLAYER	
LEGAL NAME	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
MAILING ADDRESS	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
CITY	DATE OF BIRTH <div style="border-bottom: 1px solid black; height: 1.2em; width: 150px;"></div>
STATE <div style="border-bottom: 1px solid black; height: 1.2em; width: 50px;"></div>	ZIP CODE <div style="border-bottom: 1px solid black; height: 1.2em; width: 100px;"></div>
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	E-MAIL <div style="border-bottom: 1px solid black; height: 1.2em; width: 400px;"></div>
PHONE <div style="border-bottom: 1px solid black; height: 1.2em; width: 150px;"></div>	CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Canada <input type="checkbox"/> Other <div style="border-bottom: 1px solid black; height: 1.2em; width: 100px;"></div>



## 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 above. 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.

As further consideration for registration and participation in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable), hereby (1) consents and agrees that USAH, its licensees and designees may make video and/or audio recordings of and/or otherwise film, photograph or memorialize some or all of participant's participation in such events and activities, and (2) grants to USAH, its licensees, designees, successors and assigns, a worldwide, perpetual, irrevocable, fully-paid, royalty-free, transferable and sublicenseable right and license to use, copy and disseminate participant's image and personal attributes, and to modify and present same in any form, manner and media, now known or hereafter devised, for any purpose whatsoever.

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.

Age \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARTICIPANT NAME (please print)

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

\_\_\_\_\_  
Date Signed

**3-W Rev 3/12**





# USA Hockey

## Consent To Treat/Medical History Form



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/Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### EMERGENCY CONTACT

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

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

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

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

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Head Injury<br>(concussion, skull fracture) | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells                             | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Convulsions/epilepsy                        | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Neck or back injury                         | <input type="checkbox"/> Hernia              | _____                                    |
|  | <input type="checkbox"/> Heart murmur        | _____                                    |

#### Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Are you currently taking any medications? ☐ Yes ☐ No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, please explain on back.



## USA HOCKEY

### CONSENT TO TRAVEL

The undersigned as parent or legal guardian of the player listed below, hereby gives permission for his/her child to travel within the United States or Canada. It is understood that this child may accompany other team-parents or representatives and that reasonable caution will be taken by those in charge to prevent damage and injury. The undersigned agrees that neither those in charge nor the directors or sponsors shall be held responsible in case of damage or injury.

Signed (parent or guardian) \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Home Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_



**USA HOCKEY  
PARTICIPANT  
CODE OF CONDUCT**

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

To be read and signed by you as a member of Team: \_\_\_\_\_

Participating in USA Hockey for the \_\_\_\_\_ 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: \_\_\_\_\_

# RVYHA PHOTO RELEASE

Photo Release for Players  
Under 18 Years of Age

I hereby authorize RVYHA. to photograph my dependent while my dependent is on the premises of RVYHA. I further authorize RVYHA. in its sole discretion, to use any photographs taken of my dependent while on the premises of RVYHA. for promotional purposes in any manner deemed appropriate by RVYHA., and hereby waive any and all claims related thereto, including, but not limited to, intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on the RVYHA.'s website, they can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless from any claims related to the use of any images photographed, published or used in any way by RVYHA., its officers and directors, owners, agents, landowners, affiliated companies, and employees.

Minor's Printed Name: \_\_\_\_\_  
Last Name First Name

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS IN.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS RVYHA. FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

Date: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_  
Last Name First Name

Signature of Parent of Guardian: \_\_\_\_\_



### MINOR RELEASE AND INDEMNITY AGREEMENT

IN CONSIDERATION OF THE USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES BY THE MINOR(S) NAMED BELOW, I HEREBY AGREE TO RELEASE AND INDEMNIFY KLAMATH ICE SPORTS INC., ITS OFFICERS AND DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE OR LOSS, INJURY, OR DEATH WHICH THE MINOR(S) NAMED BELOW MAY SUFFER OR FOR WHICH HE OR SHE MAY BE LIABLE TO OTHERS, IN ANY WAY CONNECTED WITH ICE SKATING OR RIDING "THE OLYMPIA" ICE RESURFACING EQUIPMENT OR ANY RELATED ACTIVITIES. THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ANY CLAIM EVEN IF CAUSED BY NEGLIGENCE. THE ONLY CLAIMS NOT RELEASED ARE THOSE BASED UPON INTENTIONAL MISCONDUCT.

BY MY SIGNATURE BELOW, I AGREE THAT THIS MINOR RELEASE AND INDEMNITY AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT AND I WILL BE BOUND BY ITS TERMS WHENEVER USING KLAMATH ICE SPORTS INC.'S PREMISES, FACILITIES AND EQUIPMENT.

I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT AND ALL OF ITS TERMS.

PARENT OR GUARDIAN (must be signed by parent or guardian if the user is under eighteen (18) years of age).

MINOR NAME(S): (Please print)

\_\_\_\_\_  
LAST FIRST

\_\_\_\_\_  
LAST FIRST

\_\_\_\_\_  
LAST FIRST

PARENT OR GUARDIAN NAME: (please print)

\_\_\_\_\_  
LAST FIRST

RELATIONSHIP (Please print)

\_\_\_\_\_

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS KLAMATH ICE SPORTS INC., FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_



## Concussion Protocol Parent/Guardian Acknowledgement Form

Season: \_\_\_\_\_ Affiliate: \_\_\_\_\_

Athlete Name (Print): \_\_\_\_\_

Program: \_\_\_\_\_ Level of Play: \_\_\_\_\_

1. I understand that the Pacific District of USA Hockey has adopted concussion-related education, awareness and protocol into their policies and procedures.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted with the above-named athlete:
  - a. An athlete who is suspected of sustaining a concussion or head injury shall be immediately removed from participation for the remainder of the day. Removal can be at the request of a coach, official, team manager, parent/guardian, or the athlete.
  - b. Athlete shall not be permitted to return to participation until he/she is evaluated and released by a medical professional trained in the management of concussions and acting within the scope of his/her practice.
  - c. An athlete removed from participation for evaluation shall not be permitted to return to participation until a medical release by an appropriate medical professional (trained in the management of concussions, and acting within the scope of his/her practice) is provided to the team manager.
3. Should it be determined that above-named athlete needs to be removed from participation, I/we understand that the protocol outlined herein must and will be followed for the safety of the athlete.
4. I/we understand that if a suspected concussion has occurred and protocol has been enacted for the above-named athlete, there is no review period or negotiation as to the course of action and return to participation outside of the recommendations of the evaluating medical professional who has been selected to treat the athlete.
5. I/we understand that if I/we suspect the above-named athlete has experienced a concussion or exhibits behavior that suggests concussion-like symptoms, I/we have the authority to remove the athlete from participation and begin the concussion protocol with a medical professional of my/our selection who meets the criteria of an acceptable evaluator.

By the signature/s below, I/we acknowledge responsibility for the above-named athlete in the current season, and agree to all the information stated herein.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date