

Welcome to Roman Catholic Ice Hockey,

As the President of Roman Catholic Ice Hockey, I, Buddy, encourage you to join us for the new Season.

Our Hockey Program is registered with USA Hockey, and we offer programs for a wide variety of ages and playing levels:

* The Season will begin in September starting with tryouts for High School and in early October league play will begin.

We have a qualified group of coaches trained to meet the playing and skill development needs of every player in the league. Ice Hockey is an exciting sport, and our program strives to play the game with confidence and sportsmanship.

Please ensure your child is registered with USA Hockey at [www.usahockey.com](http://www.usahockey.com/).

Registration with Roman Catholic Ice Hockey can be done my filling the attached form.

If you have any questions, please do not hesitate to e-mail me with questions at Mszymbo@aol.com.

I look forward to hearing from you and seeing you on the ice this fall.

Thanks,
Buddy Yeager
President

**ROMAN CATHOLIC ICE HOCKEY**

**2018-2019**

**REGISTRATION INFORMATION**

**Registration:**

All players will need to register prior to September 12th 2018.

Note: If you have outstanding balances due, they must be paid prior to accepting new registrations for the upcoming season.

Please complete and return to the RCIH Treasurer by September 12th, 2018.

.

**Return completed registration forms to:**

**Roman Catholic Ice Hockey**

**Attention: Mark Szymborski**

**PO Box 37126**

**Philadelphia, PA 19148**

A $150.00 registration fee must be submitted for each skater to place them on the official roster, all fees must be paid in full prior to January 15th, 2019.

All families are encouraged to participate in **fund-raisers**; during the hockey season (this will assist in your tuition & fees) all fundraisers are approved by the team and Roman Ice Hockey Board. This does not include separate fundraising that each team chooses to do to raise the necessary funds for extra activities.

# Roman Catholic Ice Hockey Club Fall 2018/19 Registration Form

|  |  |
| --- | --- |
| **Player’s Name :** | **Date of Birth:** |
| **Player’s Email Address: N/A** | **Player’s Cell Number:** |
| **Address:** | **Position Played:** |
| **Height:** | **Weight:** |
| **School: Roman Catholic HS****Grade:** (In September 2018) | **USA Hockey Number:** |

|  |  |
| --- | --- |
| **Parent Name:** | **Parent Name:** |
| **Occupation:** | **Occupation:** |
| Address: | **Address:** |
| **Home Phone:** | **Home Phone:** |
| **Work Phone:** | **Work Phone:** |
| **Cell Phone:** | **Cell Phone:** |
| **Fax:** | **Fax:** |
| **Email:** | **Email:** |
| **New Players** | **Returning Players** |
| **New Player** | **What team were you associated with?****Jersey#** |

**He will / will not (Circle one) need New Jerseys in the fall. Includes Jersey & Socks**

***If yes, choose jersey size: (Circle one)***

# Size: Small Medium Large

Tuition is based based upon a 7 month hockey year/ season is not prorated for absences or withdrawals. I understand that deposits are non-refundable and agree to pay all tuition regardless of the number of sessions attended by my child/ren. A $250.00 is do upon registration. All additional payments are due based on payment plan selected.

X\_ Date:\_

## Please mail a non-refundable $150.00 deposit made payable to "RCIH": C/O: Mark Szymborski

## P O BOX 37126

Philadelphia PA 19148

ROMAN CATHOLIC ICE HOCKEY [www.rcih.org](http://www.rcih.org/)

**Payment Agreement**

I agree to pay $700.00 for my child, , to play for Roman Catholic Ice Hockey. I understand that payments are due on the date I have agreed to or a penalty of $25 will be applied to my balance for every month I am behind and will continue to be applied until I become current with my payments. I also understand my son will not play until I become current with the plan I have selected.

(Parent/Guardian Signature)

**Pick a payment plan, sign & return with registration form & $150.00 Non-Refundable deposit:**

1. I agree to pay $550.00 on or before October 15th 2018.

 (Parent/Guardian Signature)

2. I agree to pay $275.00 by September 15th 2018 and $275.00 by November 15th 2018.

 (Parent/ Guardian Signature)

3. I agree to pay 4 monthly payments in the amount of $137.50 starting Octoberer 15th 2018 and ending January 15th 2018.

 (Parent/ Guardian Signature)

Payments are due by the 15th of each month.

 (Parent/ Guardian Signature)

**All payments are due by the 15th of the month; payments received after the 15th of the month will receive a $25 late charge. Any past due fees over a month will result in your son not being able to practice or play until full payment is received.**

**All Payment must be made by January 15th or player will be ineligible to play. Outstanding balances will also be reported to USA Hockey for their No pay/ No play list.**



USA HOCKEY PARTICIPANT CODE OF CODUCT

PRINT NAME:

*To be read and signed by you as a member of R .C.I.H, participating in USA Hockey for the 2018/2019 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:



**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 damag e, 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 associati ons 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 participan t’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 i ncluding 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 exc lusions 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.

SIGNATURE

 (Print Name)

PARENT OR GUARDIAN SIGNATURE

Age Date Signed:

 Date Signed:

 (If Participant is17 years of age or younger)

**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 $25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit 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.

❑ Head Injury

*(cCBcuEEiCB, EkuAA fDacFuDe)*

❑ Fainting spells

❑ Convulsions/epilepsy

❑ Neck or back injury

❑ Asthma

❑ High blood pressure

❑ Kidney problems

❑ Hernia

❑ Heart murmur

❑ Allergies

❑ Diabetes

❑ Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you Aad a receFt tetaFus booster? ❑ Yes ❑ No If yes, when?

Are you curreFtDy taCBFg aFy EedBcatBoFs? ❑ 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.

**3C Rev 2/09**

**Permission Form for Use of Players Image on Roman Catholic Ice Hockey’s Website**

This letter is a request for permission to use the image and/or voice of your son’s on the Roman Catholic Ice

Hockey’s World Wide Web page on the Internet.

Player’s images are used on the Internet to promote the clubs activities. However, the use of images is strictly controlled to best assure player’s safety and confidentiality. In some instances, players whose images are displayed on the Internet may not be identified. However, if the player is identified, it will be by first name only.

Please return this form to your son’s coach or a Board member to indicate that your child's image may be used on the

Internet. This permission will stay in effect until cancelled in writing by the parent or guardian. Thank you for your cooperation.

Name of player:

As the parent or legal guardian, I grant Roman Catholic Ice Hockey permission to use my child's on the Roman

Catholic Ice Hockey web Page named above on the Internet.

Parent or Legal Guardian's Signature:

Print Parent or Legal Guardian’s Name:

 Date Signed: