



Welcome to Roman Catholic Ice Hockey,

As the President of Roman Catholic Ice Hockey, I, Bob, encourage you to join us for the new Season. If your child is interested in playing or learning to play ice hockey, registration with Roman has begun.

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 @ the NESZ, 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 register first through USA Hockey at www.usahockey.com.

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

If you have any questions, please see our website at www.rcih.org, and 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.

Bobby Andujar
President

**ROMAN CATHOLIC ICE HOCKEY
2015-2016
REGISTRATION INFORMATION**

Registration:

All players Elementary through Varsity will need to register prior to August 1st.

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 August 1ST, 2015.

**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 in order to place them on the official roster, however, all fees must be paid in full prior to December 1st, 2015.

All families are required to participate in **three mandatory fund-raisers**; during the current 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.

You are also required to volunteer 2-5 hours during the season as needed to carry out league functions and fundraisers.

Roman Catholic Ice Hockey Club Fall 2014 Registration Form

Player's Name :	Date of Birth:
Player's Email Address: N/A	Player's Cell Number:
Address:	Positions Played: Offense / Defense / Goalie
City/ State/ Zip Code:	
Height:	Weight:
School:	USA Hockey Number:
Current Grade: (In September 2014)	

Parent Name:	Parent Name:
Occupation :	Occupation :
Address:	Address:
City/ State/ Zip Code:	City / State/ Zip Code:
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. Cost: \$160

If yes, choose jersey size: (Circle one)

Adult: S M L XL XXL XXXL

Tuition is 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 \$150.00 is due 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

Payment Agreement

I agree to pay \$1,600.00 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 Non-Refundable deposit:

1. I agree to pay \$725.00 on or before September 15th 2015 and \$725.00 on or before the November 1st 2015.

(Parent/Guardian Signature)

2. I agree to pay \$1450.00 in full by September 15th 2015, for HS players.

(Parent/ Guardian Signature)

3. I agree to pay 5 monthly payments in the amount of \$290.00 starting August 1st 2015 and ending December 1st 2015.

(Parent/ Guardian Signature)

Payments are due on the 1st of each month.

(Parent/ Guardian Signature)

All payments are due on the 15th of the month; payments received after the 20th 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 December 1st 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 CONDUCT

PRINT NAME: _____

To be read and signed by you as a member of RmCht Ice Hockey, participating in USA Hockey for the 2015/2016 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: _____



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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Injury
<small>(cCBcuEEiCB, EkuAA fDacFuDe)</small> | <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.

**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: _____
