

MGIHA Updated REGISTRATION 2010 Spring League



Directions and Information

If you are in High School now, or if you are in the 8th grade, please join MGIHA for Spring League, the most fun and the best value in hockey.

- The MGIHA 2010 Spring League will consist of four teams skating out of Family Ice in Falmouth at 12:00 noon and 1:10 pm, on eight Sundays starting April 25th and ending June 20th (skipping Memorial Day weekend).
 - Standard 1-hour games with referee(s).
 - Placement on a team will be confirmed by a call or e-mail from your coach. Players will be assigned to the same team for all games.
 - Jerseys will be provided and are yours to keep.
 - For more information, go to: www.mgiha.org or e-mail mgiha2009@gmail.com

Here's how to register for the MGIHA 2010 Winter League:

- 1) Print out all 8 pages of directions, and forms from USA Hockey (USAH) and MGIHA. (Please do not print double-sided.) To help you keep track, use the MGIHA Registration Checklist.

- 2) Enclose a copy of your up-to-date USAH registration confirmation ** (with bar code) or your USAH registration confirmation # (nine numbers and the first five letters of your last name).

**** How to register with USA Hockey:**

- If you participated on a USA Hockey registered team this past season and have already registered, you may not need to re-register, but you still must include a copy of your up-to-date registration confirmation.
- If you need to register go to either:
 - www.MGIHA.org and click usahockeyregistration.com
 - www.usahockey.com and select "Register Online".

Print a copy of your USA Hockey Registration Confirmation. (There is a special link on the USAH site to make this easy. Look for it.)

- 3) Fill out the USAH Waiver of Liability ... Agreement (required)
- 4) Fill out USAH Code of Conduct (required)
- 5) Fill out the USAH Consent to Treat (required) / Medical History (optional).
- 6) Fill out MGIHA's Registration Form (required)
- 7) The cost of Spring League is \$125 per player (\$60 for goalie)
Please make checks payable to the **Maine Girls Ice Hockey Association.**
- 8) Mail all completed forms (including the checklist) and payment to the following address:

**MGIHA Spring League
P.O. Box 15005
Portland, ME 04112-15005**
- 9) Players cannot be placed on a team until **ALL** the registration forms, the USA Hockey registration, and the fee have been received (i.e.-- pages 4 through 8, plus the fee). Placement is on a first-come/first-served basis.
- 10) Special arrangements:

(e.g.—payment plans or clearance for under-age goalies) can be made by contacting MGIHA at: mgiha2009@gmail.com .

Such arrangements are made solely at the discretion of the MGIHA Board of Directors on an individual basis and depend on many factors that can change as the season progresses. No special arrangement is final until you have received written confirmation from a member of the Board.



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releaseses from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releaseses. "Releaseses" 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 "releaseses" 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 releaseses, or negligent supervision or instruction by releaseses.

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 releaseses, he/she shall defend, indemnify and save harmless releaseses 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 releaseses, 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 (PRINT)

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

This form to be retained by local program.



**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: _____



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
<i>(concussion, skull fracture)</i> | <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.



2010 Spring League Registration

NAME: (print name exactly as it appears on USA Hockey registration):	
MAILING ADDRESS:	
DATE OF BIRTH:	E-MAIL: Player-- Guardian--
HOME PHONE #: Player-- Guardian--	CELL PHONE #: Player-- Guardian--
CURRENT GRADE:	CURRENT TEAM(s):
POSITION(S) PLAYED:	

Signature of Player: _____

Signature of Legal Guardian: _____

Please print player name: _____

(Below this line for MGIHA use only):

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League #:

Team:

MGIHA Registration Checklist
PLEASE SUBMIT THIS PAGE WITH YOUR APPLICATION

FORM	DATE REC'D.
1. USA Hockey (USAH) <u>Registration Confirmation</u>	
2. USAH <u>Waiver ... Agreement</u>	
3. USAH <u>Code of Conduct</u>	
4. USAH <u>Consent to Treat</u> (and optional <u>Medical History</u>)	
5. MGIHA <u>Registration Form</u>	
6. <u>Payment</u>	
7. MGIHA <u>Checklist</u>	