

MGIHA REGISTRATION 2009 Winter League

Directions and Information

If you are in High School now, please join MGIHA for the Winter League; the most fun and the best value in hockey.

- The MGIHA 2009 Winter League will consist of one or more teams (depending on registration), practicing at Kents Hill/Alfond arena on Wednesday nights and playing at various locations to be determined.
- 1-hour games with referee(s) will be played, with up to 18 players (plus goalies) per team.
- 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

- To register, go to page 2.

Here's how to register for the MGIHA 2009 Winter League:

- 1) Print out all 7 pages of 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).
- 3) Fill out the USAH Waiver of Liability ... Agreement
- 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.

**** 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 current 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.)

- 7) The cost of the 2009 Winter League is \$ 420.00 per player and \$ 210.00 per goalie. Make checks payable to the ***Maine Girls Ice Hockey Association***.
- 8) Mail all completed forms with the Checklist cover sheet and payment to the following address:

**MGIHA Fall League
P.O. Box 15005
Portland, ME 04112-15005**

Players cannot be placed on a team until **ALL** the registration forms, the USA Hockey registration, and the fee have been received (7 pages). Placement is on a first-come/first-served basis.



**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: _____

Form 1-P Rev 02/09



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.

3C Rev 2/09

MGIHA 2009 Winter League Registration Form

NAME: (exactly as it appears on USA Hockey registration):	
MAILING ADDRESS:	
DATE OF BIRTH:	E-MAIL: Player-- Guardian--
HOME PHONE #: Player-- Guardian--	CELL PHIONE #: Player-- Guardian--
CURRENT GRADE:	CURRENT TEAM(s):
POSITION(S) PLAYED:	
Do you have a suggestion for a TEAM NAME?:	

Signature of Player: _____

Signature of Legal Guardian: _____

Player name: _____

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(Below this line for MGIHA use only):

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 (and</u> <u>optional Medical History)</u>	
5. MGIHA <u>Registration Form</u>	
6. <u>Payment</u> (\$420 / player or \$120.00 / goaltender)	
7. MGIHA <u>Checklist</u>	

Team assigned: