



ROMAN CATHOLIC ICE HOCKEY

www.rcih.org

Dear Parents,

It's that time of year again, registration for the 2009/2010 Hockey Season has begun! Registration forms are enclosed and will also be available on line at www.rcih.org. The fee for the 2009/10 season will be \$1,375.00 (includes 10 lottery tickets) for the first player and \$1,275.00 for each additional player per family.

New This Year:

- 1. Each player MUST register with USA Hockey through USA Hockey's web site: USAhockey.com. You may register for the 2009-2010 season starting May 1, 2009. A copy of your registration conformation must be handed in at the 1st practice or camp the player attends in order to be allowed on the ice.**
- 2. The cost of jerseys will be \$130 per set. No jersey will be ordered without payment at time of registration.**
 - a. All new players must add \$130 to the Non-refundable registration deposit for a set of jerseys.**
 - b. Returning players who need a new set of jerseys should add \$130 to their non-refundable registration deposit.**
 - c. Players NEW to the Varsity team will need to pay \$130 to receive their Varsity jerseys. This will be collected after team selections are announced and rosters are finalized.**
- 3. The club will no longer pay for Tournaments. If your son's team wants to play in a Tournament there will be a separate fee collected by either the Team Manager or Coach. Also, your son will not be allowed to participate in any Tournament or in playoff games if there is an outstanding balance due on his account.**

These changes are being put in place in an effort to keep the fee from increasing this year.

Registration for 2009/2010 Season:

All current players and students of Roman Catholic High School must register by May 1, 2009 in order to play next season. The league requires the club to declare their teams early, so we in turn, must know the number of players we have in order to declare the right number of teams. With the cost of everything increasing, we **MUST KNOW HOW MANY PLAYERS** we have in order to declare the correct number of teams. Every effort will be made to make sure that everyone who wants to play ice hockey gets the chance, but we need you to do your part and register now and not wait.

The Club has League fees, Ice Fees and contracts that must be paid starting in August; therefore, your fee is non-refundable regardless of the team level the coaches feel is best suited for your son.

Payment Policies:

- + All fees need to be paid in full in accordance with the payment plan you select.
- + Any outstanding fees will be subject to a penalty of **\$15/month**, and your son will not be eligible to play hockey for the club, until the full balance is paid.
- + All unpaid balances are reported to USA Hockey for there No pay/ No play list.
- + **Returned checks will be charged \$25**, after two returned checks only cash, certified check or money order will be accepted, there will be no exceptions to this policy. The charge for a returned check will be increased if the bank increases their returned check fee.

The attached payment agreement and all forms must be filled out and returned with your son's registration and a non-refundable deposit of \$250. Make check or money order made payable to: RCIH.

Please send the registration form, payment agreement, emergency forms, and deposit no later then May 1, 2009 to:

Roman Catholic Ice Hockey
C/o Liz Coyle
616 Leverington Ave
Phila, PA 19128

We have made every effort to keep the cost from increasing, but we need your help, by paying your fee on time and participating in the fund raisers throughout the year. Also, if you have any suggestions for different fund raisers please let us know. This will only help the club keep the fees from increasing.

Here is a list of the required papers:

Registration Form
Payment Agreement
Contact Sheet
USA Hockey Code of Conduct
USA Hockey Waiver of Liability
USA Hockey Consent to Treat/ Medical History Form
Photo Permission Form
\$250 Non-Refundable Deposit

Sincerely,
Roman Catholic Ice Hockey Board

**ROMAN CATHOLIC ICE HOCKEY CLUB
FALL 2009 REGISTRATION FORM**

Player's Information:

Name _____

Address _____

Home Phone # _____ Players Cell #: _____

Players E-mail: _____

My son will be in _____ grade this fall. School Id# _____

If returning player, what team did he play for last year. _____ What is his # _____

He **will / will not** (Circle one) need a jersey in the fall. **Color: White (home) / Black (away)**

If yes, choose jersey size: (Circle one)

Adult: S M L XL XXL XXXL

New Players ONLY three possible jersey numbers: _____, _____, _____

All players who need a set of jerseys MUST include \$130 with Registration fee. No jersey will be ordered without this payment.

Parent's Information:

Parents First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____

Parents E-Mail Address: _____

Who is responsible for making Payments: _____

Please mail a non-refundable \$250.00 deposit made payable to "RCIH"

C/o Liz Coyle
616 Leverington Ave
Phila, PA 19128

Any questions regarding the hockey program or club should be directed to: Board@RCIH.org



ROMAN CATHOLIC ICE HOCKEY

www.rcih.org

Payment Agreement Roman Catholic Ice Hockey Club 2009-2010 Season

Total fee: \$1,375 1st player/ \$1,275 2nd player

I agree to pay \$1,375/\$1,275 for my son, _____, to play ice hockey for Roman Catholic High School. I understand that payments are due on the date I have agreed to or a penalty of \$15 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 & \$250 Non-Refundable deposit:

4. I agree to pay \$562.50/\$512.50 on or before June 1st and \$562.50/\$512.50 on or before the 1st summer camp for HS players or September 1st for MS players.

(Parent/Guardian Signature)

5. I agree to pay \$1,125/\$1,025 in full by the 1st summer camp for HS players or September 1st for MS players.

(Parent/ Guardian Signature)

6. I agree to pay 6 monthly payments in the amount of \$187.50/\$170.84 starting May 1st and ending October 1st.

Payments are due on the 1st of each month.

(Parent/ Guardian Signature)

All payments are due on the 1st of the month; payments received after the 10th of the month will receive a \$15 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. Outstanding balances will also be reported to USA Hockey for their No pay/ No play list.

Because of different marital situations, payments must be resolved by the parents; fees must be paid by the due date.

CONTACT SHEET

PLAYER INFORMATION

Name: _____

E-Mail: _____

Cell #: _____

PARENT/GUARDIAN INFORMATION

Name: _____

E-Mail: _____

Cell #: _____

Name: _____

E-Mail: _____

Cell #: _____

EMERGENCY CONTACT (OTHER THAN PARENT)

Name: _____

Phone #: _____



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

PRINT NAME: _____

To be read and signed by you as a member of **Roman Catholic Ice Hockey**, participating in USA Hockey for the 2009-2010 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 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 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 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

_____ NAME (PRINT)
PARTICIPANT

_____ 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

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.

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

MEDICAL HISTORY

- | | | |
|---|--|--|
| <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 above?

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.

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: _____