



ROMAN CATHOLIC ICE HOCKEY

www.rcih.org

Dear Parents,

It's that time of year again, registration for the 2010/2011 Hockey Season has begun! Registration forms are enclosed and are also available on line at www.rcih.org. The fee for the 2010/11 season will be \$1,475.00 all players

1. Each player **MUST** register with USA Hockey through USA Hockey's web site: USAhockey.com. You may register for the 2010-2011 season stating May 1, 2010. A copy of your registration conformation must be attached to the registration form.
2. The cost of jerseys will be \$135 per set. No jersey will be ordered without payment at time of registration.
 - a. All new players must add \$135 to the Non- refundable registration deposit for a set of jerseys.
 - b. Returning players who need a new set of jerseys should add \$135 to their non-refundable registration deposit.
 - c. Players **NEW** to the Varsity team will need to pay \$135 to receive their Varsity jerseys. **This will be collected after team selections are announced.**
3. All registration forms and payments **MUST** be **MAILED** to:

**Roman Catholic Ice Hockey
C/o Nora D'Andrea
7551 Valley Ave
Phila, PA 19128**

Do not hand to coaches, team reps or Board members, this will eliminate late or misplaced registration forms

Registration for 2010/2011 Season:

All current players and students of Roman Catholic High School must register by May 15, 2010. 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; 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 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, USA Hockey Conformation and deposit no later then May 15, 2010 to:

Roman Catholic Ice Hockey
C/o Nora D'Andrea
7551 Valley 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
USA Hockey Conformation

Sincerely,
Roman Catholic Ice Hockey Board

**ROMAN CATHOLIC ICE HOCKEY CLUB
FALL 2010 REGISTRATION FORM**

Player's Information:

Name _____

Address _____

Home Phone # _____ Players Cell #: _____

Players E-mail: _____ Players Date of Birth: _____

My son will be in _____ grade in September 2010. School Id# _____

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

Position: Offense/ Defense/ Goalie

USA Hockey Conformation # : _____

He **will / will not** (Circle one) need new jerseys in the fall. Cost: \$135

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 \$135 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 Nora D'Andrea
7551 Valley Ave
Phila, PA 19128

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



ROMAN CATHOLIC ICE HOCKEY

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Payment Agreement Roman Catholic Ice Hockey Club 2010-2011 Season

Total fee: \$1,475

I agree to pay \$1,475 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:

1. I agree to pay \$612.50 on or before June 1st and \$612.50 on or before the 1st summer camp for HS players or September 1st for MS players.

(Parent/Guardian Signature)

2. I agree to pay \$1,225 in full by the 1st summer camp for HS players or September 1st for MS players.

(Parent/ Guardian Signature)

3. I agree to pay 5 monthly payments in the amount of \$245 starting May 1st and ending September 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: _____ **Date of Birth:** _____

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 2010/2011 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.

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: _____