



# ROMAN CATHOLIC ICE HOCKEY

[www.rcih.org](http://www.rcih.org)

Dear Parents,

It's that time of year again, registration for the 2011/2012 Hockey Season has begun! Registration forms are enclosed and are also available on line at [www.rcih.org](http://www.rcih.org). The fee for the 2011/12 season will be \$1,500.00 all players

1. Each player **MUST** register with USA Hockey through USA Hockey's web site: [USAhockey.com](http://USAhockey.com). You may register for the 2011-2012 season stating May 1, 2011. 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 Paul Barkley  
767 Shawmont Ave  
Phila, PA 19128

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

Registration for 2011/2012 Season:

**All current players and students of Roman Catholic High School must register by June 10, 2011.** 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 than June 10, 2011 to:

**Roman Catholic Ice Hockey**  
**C/o Paul Barkley**  
**767 Shawmont 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 2011 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 2011. School Id# \_\_\_\_\_

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

Position: Offense/ Defense/ Goalie Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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 Paul Barkley  
767 Shawmont 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](http://www.rcih.org)

## Payment Agreement Roman Catholic Ice Hockey Club 2011-2012 Season

**Total fee:  
\$1,500.00**

I agree to pay \$1,500 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 \$625.00 on or before June 30<sup>th</sup> and \$625.00 on or before the 1<sup>st</sup> summer camp for HS players or September 1<sup>st</sup> for MS players.

\_\_\_\_\_ (Parent/Guardian Signature)

2. I agree to pay \$1,250.00 in full by the 1<sup>st</sup> summer camp for HS players or September 1<sup>st</sup> for MS players.

\_\_\_\_\_ (Parent/ Guardian Signature)

3. I agree to pay 5 monthly payments in the amount of \$250.00 starting May 1st and ending October 1<sup>st</sup>.

Payments are due on the 1<sup>st</sup> of each month.

\_\_\_\_\_ (Parent/ Guardian Signature)

**All payments are due on the 1<sup>st</sup> of the month; payments received after the 10<sup>th</sup> 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 2011/2012 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.

\_\_\_\_\_  
SIGNATURE                      Age      \_\_\_\_\_                      Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE (if Participant is 17 years of age or younger)

\_\_\_\_\_  
Date Signed

*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](http://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<br><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.

**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: \_\_\_\_\_