



Welcome to Roman Catholic Ice Hockey,

As the President of Roman Catholic Ice Hockey, I, Bob, encourage you to join us for the new Season. If your child is interested in playing or learning to play ice hockey, registration with Roman has begun.

Our Hockey Program is registered with USA Hockey, and we offer programs for a wide variety of ages and playing levels:

- ✓ The Season will begin in September starting with tryouts @ the NESZ, in early October league play will begin.

We have a qualified group of coaches trained to meet the playing and skill development needs of every player in the league. Ice Hockey is an exciting sport, and our program strives to play the game with confidence and sportsmanship.

Please register first through USA Hockey at www.usahockey.com.

Registration with Roman Catholic Ice Hockey can be done by filling the attached form.

If you have any questions, please see our website at www.rcih.org, and please do not hesitate to e-mail me with questions at Mszybo@aol.com.

I look forward to hearing from you, and seeing you on the ice this fall.

Bobby Andujar
President

**ROMAN CATHOLIC ICE HOCKEY
2015-2016
REGISTRATION INFORMATION**

Registration:

All players Elementary through Varsity will need to register prior to August 1st.

Note: If you have outstanding balances due, they must be paid prior to accepting new registrations for the upcoming season.

Please complete and return to the RCIH Treasurer by August 1ST, 2015.

**Return completed registration forms to:
Roman Catholic Ice Hockey
Attention: Mark Szymborski
PO Box 37126
Philadelphia, PA 19148**

A \$150.00 registration fee must be submitted for each skater in order to place them on the official roster, however, all fees must be paid in full prior to December 1st, 2015.

All families are required to participate in **three mandatory fund-raisers**; during the current hockey season (this will assist in your tuition & fees) all fundraisers are approved by the team and Roman Ice Hockey Board. This does not include separate fundraising that each team chooses to do to raise the necessary funds for extra activities.

You are also required to volunteer 2-5 hours during the season as needed to carry out league functions and fundraisers.

**Roman Catholic Ice Hockey Club Fall 2014 Registration
Form**

Player's Name :	Date of Birth:
Player's Email Address: N/A	Player's Cell Number:
Address: City/ State/ Zip Code:	Positions Played: Offense / Defense / Goalie
Height:	Weight:
School: Current Grade: (In September 2014)	USA Hockey Number:

Parent Name:	Parent Name:
Occupation :	Occupation :
Address:	Address:
City/ State/ Zip Code:	City / State/ Zip Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Fax:	Fax:
Email:	Email:
New Players	Returning Players
New Player	What team were you associated with: Jersey#

He will / will not (Circle one) need New Jerseys in the fall. Cost: \$160

If yes, choose jersey size: (Circle one)

Adult: S M L XL XXL XXXL

Tuition is based based upon a 7 month hockey year/ season is not prorated for absences or withdrawals. I understand that deposits are non-refundable and agree to pay all tuition regardless of the number of sessions attended by my child/ren. A \$150.00 is do upon registration. All additional payments are due based on payment plan selected.

X _____ Date: _____

Please mail a non-refundable \$150.00 deposit made payable to "RCIH": C/o Mark Szymborski

P O BOX 37126
Philadelphia PA 19148



ROMAN CATHOLIC ICE HOCKEY www.rcih.org

Payment Agreement

I agree to pay \$1,600.00 for my child, _____, to play for Roman Catholic Ice Hockey. I understand that payments are due on the date I have agreed to or a penalty of \$25 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 & \$150 Non-Refundable deposit:

1. I agree to pay \$725.00 on or before September 15th 2015 and \$725.00 on or before the November 1st 2015.

(Parent/Guardian Signature)

2. I agree to pay \$1450.00 in full by September 15th 2015, for HS players.

(Parent/ Guardian Signature)

3. I agree to pay 5 monthly payments in the amount of \$290.00 starting August 1st 2015 and ending December 1st 2015.

(Parent/ Guardian Signature)

Payments are due on the 1st of each month.

(Parent/ Guardian Signature)

All payments are due on the 15th of the month; payments received after the 20th of the month will receive a \$25 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.

All Payment must be made by December 1st or player will be ineligible to play. Outstanding balances will also be reported to USA Hockey for their No pay/ No play list.



USA HOCKEY PARTICIPANT CODE OF CONDUCT

PRINT NAME: _____

To be read and signed by you as a member of RmCht Ice Hockey, participating in USA Hockey for the 2015/2016 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: _____

SIGNATURE

(Print Name)

Date Signed: _____

PARENT OR GUARDIAN SIGNATURE

(If Participant is 17 years of age or younger)



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
<small>(cCBcuEEiCB, EkuAA fDacFuDe)</small> | <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: _____
