



DAVIS COUNTY YOUTH HOCKEY ASSOCIATION (DCYHA) REGISTRATION FORM

PLAYER INFORMATION: (Please complete all spaces. Please print legibly.)

E-Mail: _____

I, _____ hereby formally apply for my child/ward to participate as a member DCYHA in the 20____ / 20____ season.

Player Name: _____ DOB: _____ Age: _____ Gender: M F

Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Business Phone: _____

Mother's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Business Phone: _____

MEDICAL INFORMATION

PLEASE COMPLETE THE FOLLOWING: You must answer ALL questions. If the answer to any question is or was "YES", please describe the problem and its implications for proper first aid treatment on a separate sheet of paper and attach. Give the name and phone number of the physician who was or is treating the problem. Failure to answer all questions and provide proper explanations will empower the Board of Trustees of DCYHA to prohibit a player from participating until satisfactory responses are forthcoming.

Has your child/ward had or does he/she presently have any of the following: (Circle "Yes" or "No")

Serious Head Injury (skull fracture, concussion)	Y e s	N o	Heart Murmur	Y e s	N o
Poor Hearing	Y e s	N o	Loss of or damage to an eye or eyesight	Y e s	N o
Hearing Aid	Y e s	N o	Fainting Spells	Y e s	N o
Asthma	Y e s	N o	Convulsions	Y e s	N o
Diabetes	Y e s	N o	Kidney Problems	Y e s	N o



Serious Back Injury	Y e s	N o	High Blood Pressure	Y e s	N o
Serious Neck Injury	Y e s	N o	Rheumatic Fever	Y e s	N o
Epilepsy	Y e s	N o			
Serious Injury to:					
Shoulder	Y e s	N o	Knee	Y e s	N o
Ankle	Y e s	N o	Finger(s)	Y e s	N o
Arm	Y e s	N o	Foot	Y e s	N o
<p>Serious Debilitating Allergies (Specify): _____</p> <p>Is there any other medical condition that should be made known that may imperil the health and safety of your child should he/she suffer injury while participating in the sport of full contact ice hockey? If so, please describe: _____</p> <p>_____</p> <p>Has a physician placed ANY limitations whatsoever on the physical activities of your son/daughter/ward? If so, please describe: _____</p> <p>_____</p> <p>Is your child allergic to any medications? If so, which ones? _____</p>					

AFFIDAVIT, AGREEMENT, CONSENT AND RELEASE

I, _____, the undersigned parent/legal guardian of the boy/girl whose correct name and birth date appear above, with full knowledge of the consequences, voluntarily:

- a) Give my consent and approval to his/her participation in any and all activities of DCYHA, a non-profit organization and its member teams and clubs during the current season;
- b) Assume all risks and hazards of whatever nature incidental to the conduct of the activities and transportation to and from said activities;
- c) Release and absolve DCYHA, its member teams, clubs, organizers, officers, coaches, trustees, managers, assistant coaches and sponsors and any and all of them in case of injury to my son/daughter/ward arising from DCYHA activities;
- d) Release and absolve from responsibility any person or persons transporting my son/daughter/ward to or from said activities in the event that injury to my child/ward results from said transportation;
- e) Assume all financial responsibility for the player and understand and agree that my failure to pay all amounts due will result in my child/ward not being allowed to participate, and agree to pay all court, legal and collection costs expended by DCYHA for the collection of the same, plus 10% simple interest from due date. I further agree that if litigation is necessary, venue and jurisdiction are proper in Davis County;
- f) Acknowledge that my child/ward will be participating in ice hockey activities involving full body contact and the use of sticks and pucks, that the risk of injury from ice hockey activities is significant, including the potential for permanent paralysis or death, and while particular rules, equipment, and personal discipline may reduce this risk,



Consent to Treat & Emergency Medical Authorization

During any Davis County Youth Hockey Association (DCYHA) event, and when reasonable attempts to contact me or my spouse are unsuccessful, I, _____, the undersigned, hereby give my consent to the DCYHA, its Officers, Coaches, Team Managers, and/or Volunteers to obtain emergency medical care from any licensed physician, hospital, or clinic, for _____, my child/ward. I further authorize treatment for any injury or serious illness that could arise from or during his/her participation in any DCYHA-sanctioned program and its associated activities. In case of an emergency and if unable to contact my spouse or me please notify

_____, who is the _____ of my child/ward at (____)_____.

Parent/Guardian

Date



PARTICIPANT CODE OF CONDUCT

NAME: _____

(Please Print)

To be read and signed by you as a member of age division **(circle one)**:

Mini Mite/Mite

Squirt

Pee Wee

Bantam

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: _____

Dated this _____ day of _____, 20____.

Signature of Parent/Guardian

Jersey Purchase / Number Request

(This form should only be filled out if you are purchasing new jerseys for your player)

Player Name (please print): _____

Age Division (circle one): Mite Squirt PeeWee Bantam

Jersey Size Requested: (As a rough guideline, the Youth sizes are good for average sized Mites, with the Adult Small and Medium for Squirts, and the L or XL for average sized PeeWees through larger Bantams. Jerseys should fit a bit loosely, but not be baggy. DCYHA is not responsible for selection of an incorrect size. Not all sizes may be available depending upon demand for any given size. If your size request cannot be accommodated, you will be contacted for a second choice).

Circle ONE size:

Youth:		M	L	XL		
Adult:	S	M	L	XL	XXL	

New Player Number Request (current DCYHA players see below):
(This is only a request. No guarantees are made that any of these numbers are available.)

1: _____

2: _____

3: _____

OR

Existing Number for current DCYHA player: _____