



2010-2011  
Redhawks Squirt AA  
Try-Out Registration Form

March 22, 2010 6:00 PM Check-In; On-Ice 7:00 - 8:20 Goggin Arena  
March 23, 2010 6:00 PM Check-In; On-Ice 7:00 - 8:20 Goggin Arena

Player Information			
Last Name	First Name		
Date of Birth	Height & Weight	Sex	M    F
Address			
City	State	Zip	
Father's Name		Mother's Name	
Email Address		Email Address	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
HOCKEY EXPERIENCE			
<b>2009-10 Season</b>			
_____		_____	
Level House/Select/Travel/A/AA		Team & Position(s)	
<b>2008-09 Season</b>			
_____		_____	
Level House/Select/Travel/A/AA		Team & Position(s)	
AGREEMENT			
By signing below, I am hereby stating that I am the custodial parent/guardian of the minor child listed above and that I understand and agree that I am responsible for the payment of all registration fees by the registration deadline. I understand that the try-out fee is non-refundable regardless of whether my child plays for the team.			
Parent/Guardian Signature: _____			
Date: _____			
Try-Out Fee Payment Information			
<i>Registration fee of \$50 must be paid by via credit card or check. Registrations are due by March 19th at 5:00 pm. Late and walk-in registrations will be accepted; however, for planning purposes, please register by the deadline. Checks should be payable to Butler County Youth Hockey Association.</i>			
Credit Card Information			
Name on card: _____		Billing zip: _____	
Card #: _____			
Card Type: Visa/MC		Exp Date: _____	
		CC Sec #: _____	
email all forms to redhawksquirtaa@yahoo.com; fax them to 937-886-1664 or or mail them to Brad Kiplinger, 751 Grand Wood Ct, Springboro, OH 45066.			



## USA HOCKEY Waiver of Liability, Release, Assumption of Risk & Indemnifying Agreement

For and in consideration of participant's registration with USA Hockey, Inc., its Affiliate, Local association and member team (hereafter USAH) and being allowed to participate in USAH events and member team activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action for personal injury, property damage or wrongful death occurring to participant arising out of participation in USAH events or member team activities or the sport of ice hockey, or and activities incidental thereto, wherever 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 may have are hereby relinquished and the participant (or parent(s)/guardian(s)) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and activities involve risks to participant's person including bodily injury, partial or total disability, paralysis, and death, and damages which may arise there from 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. It is further acknowledged that there may be risks and dangers not known to use or are not reasonably foreseeable at this time.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, 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.

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death 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, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant or participant's parent(s)/guardian(s) 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/or participant's parent(s)/guardian(s) 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.

**Signature of Player:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required if player is under 18 years of age)



**BCYHA Redhawk Squirt AA  
Bodily Harm Waiver, League and Arena Waiver, and Medical Authorization**

**Player's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy / Plan ID Number:** \_\_\_\_\_

The person signing this registration and waiver form represents that he/she has the legal right and authority to register the person named above ("player") as a participant in the Butler County Youth Hockey Association (BCYHA), to comprehensively waive claims that player now or hereafter may have, to provide the indemnity described below, and to authorize emergency medical treatment for player. Except as otherwise disclosed in writing, I represent that player is free of any medical condition or circumstance that would preclude him/her from playing ice hockey with BCYHA or present increased risk of injury to him/her or any other player.

**Player and the parent or legal guardian of player (required if player is under the age of 18) hereby releases and forever discharges BCYHA, its sponsors, management, coaches, trustees, officers, agents, volunteers; and any of their collective or individual representatives; owners and agents of any arena in which the above-named player may practice or play, and all players and coaches playing with or against the above-named player, of any and all claims, demands, suits, liabilities and responsibilities of any nature or description whatsoever, including but not limited to claims for personal injuries, death or property damage, incurred at or arising in connection with any practice, game, or other sanctioned event or while said player is traveling to or from any sanctioned activity, and agrees to indemnify and hold harmless the above parties from any such claims.**

The person signing this document also gives consent for emergency medical treatment of the above-named player at any medical facility by any person licensed to render medical treatment. This authorization shall be effective until such time as the parent or the legal guardian expressly assumes responsibility for the authorization of continuing medical treatment.

If BCYHA, or any person acting on behalf of BCYHA, incurs expenses under this medical authorization, the person signing this document agrees to reimburse, indemnify and save harmless BCYHA and all other such persons from any expense, loss, damage, or liability for medical treatment rendered under this authority.

**Signature of Player:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required if player is under 18 years of age)



## BCYRA Redhawk Squirt AA Medical History Form

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian 1 Daytime Phone: \_\_\_\_\_ Guardian 1 Evening Phone: \_\_\_\_\_

Guardian 2 Daytime Phone: \_\_\_\_\_ Guardian 2 Evening Phone: \_\_\_\_\_

### WHO TO CONTACT IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### HAVE YOU HAD (OR DO YOU PRESENTLY HAVE) ANY OF THE FOLLOWING (this section is optional)?

If yes, please describe the problem and its  
implications for proper first aid treatment

	YES	NO	
Head injury (concussion, skull fracture)	___	___	_____
Fainting spells	___	___	_____
Convulsions/epilepsy	___	___	_____
Asthma	___	___	_____
High blood pressure	___	___	_____
Kidney problems	___	___	_____
Hernia	___	___	_____
Diabetes	___	___	_____
Hear murmur	___	___	_____
Allergies (please specify)	___	___	_____
Injuries to Neck	___	___	_____
Injuries to Back	___	___	_____
Injuries to Shoulder	___	___	_____
Injuries to Knee	___	___	_____
Injuries to Ankle	___	___	_____
Injuries to Fingers	___	___	_____
Injuries to Arm	___	___	_____
Impaired vision	___	___	_____
Impaired hearing	___	___	_____
Other	___	___	_____

Have you had a recent tetanus booster? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain \_\_\_\_\_

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_