

West Chester East Ice Hockey Club 20__ - 20__ Registration Packet

Player: _____ <small>(Name as listed on birth certificate)</small>	School: _____ <small>(In September)</small>	Grade: _____ <small>(In September)</small>	Age: _____ <small>(In September)</small>
Address: _____ <small>(Address, City, State, Zip)</small>			
Date of Birth: _____			
Registering to Play	<input type="checkbox"/> High School Boys <input type="checkbox"/> High School Girls <input type="checkbox"/> Middle School <input type="checkbox"/> Elementary		

Player/Parent Information			
Player : _____ <small>(Nick Name)</small>	Email: _____	Home Tel: _____	
Father: _____	Email: _____	Home Tel: _____	Work Tel: _____
			Cell #: _____
Mother: _____	Email: _____	Home Tel: _____	Work Tel: _____
			Cell #: _____
Player Profile: _____	Height: _____	Weight: _____	Shoots L/R _____
Experience-List teams played for during the previous season: _____			
Number of years playing Ice Hockey: _____	School _____	Club _____	Club Name: _____

Player/Parent Information			
If Above Parent/Guardian can not be reached in case of emergency, please contact:			
Name: _____	Relationship: _____	Home Tel: _____	Work Tel: _____
			Cell #: _____

Doctor: _____	Tel #: _____
Dentist: _____	Tel #: _____

	Yes	No
Asthma:	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>
Migraines:	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Vision, Glasses-Contacts:	<input type="checkbox"/>	<input type="checkbox"/>
Impaired Hearing:	<input type="checkbox"/>	<input type="checkbox"/>
Injuries:	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to medicines, food, etc.:	<input type="checkbox"/>	<input type="checkbox"/>
<small>(Specify)</small>		

Other: _____
 Has your Doctor placed any restrictions on your activity? Yes or No _____ Explain: _____

Parent Volunteer Information		
	Yes	No
Team Rep	<input type="checkbox"/>	<input type="checkbox"/>
Team Photographer	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising Committee	<input type="checkbox"/>	<input type="checkbox"/>
Banquet Committee	<input type="checkbox"/>	<input type="checkbox"/>
Yearbook Committee	<input type="checkbox"/>	<input type="checkbox"/>
Registration Help (May)	<input type="checkbox"/>	<input type="checkbox"/>
Varsity Tryouts	<input type="checkbox"/>	<input type="checkbox"/>
Middle School Tryouts	<input type="checkbox"/>	<input type="checkbox"/>
Banquet Support (April)	<input type="checkbox"/>	<input type="checkbox"/>
Banquet Video Producer	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a copy of the Players' current USA Hockey registration with Bar Codes



USA HOCKEY
CONSENT TO TREAT

This is to certify that on this date, I _____ as parent or guardian of _____ 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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____
(Parent/Guardian)

Relationship to Athlete: _____

Home Address: _____

Phone: _____ 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 www.usahockey.com or call USA Hockey at 719-576-USAH. To file an excess accident claim, call AIG, (800) 551-0824.

3C Rev 3/04

Original on file at WCEIHC

West Chester East Ice Hockey Club



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 the negligence, if any, of releasees. "Releasees" include WCEIHC Its officers, directors, agents and employees, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers.

For and in consideration of the undersigned participant's registration with WCEIHC and member teams (all referred to together as WCEIHC) and being allowed to participate in WCEIHC 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 WCEIHC 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 above. 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 WCEIHC, including the By-Laws of the corporation, Disciplinary Rules and Code of Conduct.

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 supervise or control teams 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.

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.

Age

Date Signed

PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

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

Date Signed _____

West Chester East Ice Hockey Club

FINANCIAL RESPONSIBILITY AGREEMENT 20__-20__ SEASON

PLAYER'S NAME (PRINT): _____

My signature below indicates that I understand and agree to the following conditions:

1. By registering with the Club I am making a commitment that the player named above will play for West Chester East Hockey Club if selected for a team. All placements on individual teams are made at the sole discretion of the coaches. Players will play on the team they are selected for. Refunds of dues are given only if the player is not selected for any team.
2. Team Fees are determined every year based on the number of players per team and amount of ice time. Historically, Middle School fees have been around \$1000 and High School JV has been around \$1,200 and High School Varsity has been around \$1,400.
3. Payments are due when Invoices are sent out. Failure to make any payment due, by its due date, may result in immediate suspension of the player until payment is received. No player may participate in any on-ice or off-ice activities while under suspension. Players can not tryout unless current in their fees.
4. All checks are payable to **WCEIHC** and should be mailed to the treasurer, Cindy Bortle 1325 Greenhill Rd, West Chester, PA 19380 by their due dates. Payments should not be given to coaches or other officers of the Club.
5. Club and other fees are due as follows:
 - a. \$500 (high), \$400 (mid), \$300 (elem) is due at registration.. This amount includes a non-refundable try-out fee (\$25) and a deposit of \$475 (etc, per school) toward team fees. The initial deposit is refundable only if the player is not selected for a team.
 - b. \$40 for USA Hockey membership fee. Players register online at www.usahockey.com. This fee is non-refundable.
 - c. \$400 (high), \$300 (mid), \$200 (elem) is due Sept 1. \$300 (high), \$200 (mid) \$100 (elem) is due Nov 1. This amount will be refunded only if the player is not selected for a team.
 - d. The balance of the team fees will be due Jan. 1.
5. No player, who leaves the team voluntarily after practices begin or is suspended or dismissed from the Club due to financial, academic or disciplinary reasons, will be given a refund.

Parent responsible for payment:

Print Parent's Name

Parent's Signature

Date Signed

Legal Disclaimer: Any change of the terms set forth above shall not be binding upon WCEIHC and your registration will not be accepted.

PLAYER NAME: _____

Bantam 7th – 8th Graders

Bantam age players in 7th and 8th grades are allowed to play on Middle School AAA teams, however, the Ice Line Middle School League restricts which Bantam players are allowed to play on MSA teams.

League rules regarding the Middle School A Division state:

- All 8th graders must be petitioned
- Bantam Tier 1 Major players (AAA, Jr. Flyers, Little Flyers, Minutemen, etc.) and 2nd year Bantam Tier 2 Club Players (Phantoms, Quakers, etc. on AA, A and B teams) are not permitted to play in this division.
- Bantam House League, Bantam Tier 2, and Bantam Tier 1 Minor players are permitted to play in this division only by petition to commissioner.

This means that Bantam House League players who do not and have not played on Club teams are usually accepted by petition, while most Club hockey players are not allowed to play in the MSA Division.

WCEIHC has developed the following policy with regard to Bantam age players who are not chosen to play on a Middle School AAA team:

1. Player may withdraw and deposit fees (less tryout fee and USA Hockey fees) will be refunded.
2. Player may try out for a high school team, if chosen, he will be expected to play or deposit money will be forfeited. If player is not chosen, deposit fees (less tryout/USA Hockey fees) will be refunded.
3. Player may request that the league be petitioned to allow the player to play on the MSA team. We will do this only if the Board and Coaching staff agree that the petition has a good chance of success.
 - If the Commissioner turns down the petition, your deposit fees (less tryout fee and USA Hockey) will be refunded. The player will not be allowed to try out for a high school team unless there is space on the roster and the Board and coaches agree to allow a late tryout.
 - If the Commissioner accepts the petition, the player will be placed on the MSA team. The petition process is lengthy, the Commissioner’s approval is the first step in the process; final approval of the petition is contingent on the agreement of all league teams, and can be withdrawn after the season has begun. Therefore, if the player is initially accepted but the league later withdraws the acceptance, you will forfeit any fees paid to the Club to that date.

Please indicate below by your signature that you have read and understand these options.

Parent Name (Print)

Parent Signature

Date

VA/AA PLAYER POLICY

If a player is chosen for the VA/AA team please be aware that ice time will be based upon performance at the coach’s discretion.

Please indicate by your signature that you have read, understand and accept this policy.

Parent Name (Print)

Parent Signature

Player Signature

Date

(For Goalie Players and Parents Only)

GOALIE POLICY

Middle School, Junior Varsity - If two goalies are selected for a team, their play time during the season will be at the Coach’s discretion. Goalie selection for the playoffs will be based upon performance at the coach’s discretion.

Varsity A/AA – If two goalies are selected, they will be played based upon performance at the coach’s discretion during both the regular season and the playoffs.

Please indicate by your signature that you have read, understand and accept this policy.

Parent Name (Print)

Parent Signature

Player Signature

Date