



Daniel Boone Ice Hockey Club

2008-2009 REGISTRATION FORM

Player Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Name as it appears on players Birth Certificate

***New Players are required to provide a copy of their birth certificate.**

Date of Birth: _____ Male/Female: _____ 2008-2009 Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email Address: _____

Player's Mother

Player's Father

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Home Email: _____

Home Email: _____

Work Email: _____

Work Email: _____

Last Seasons Hockey Club: _____

School District in Which You Live: _____

School Which You Attend: _____

Positions Played: _____

Skill Level (check): BEG INT ADV

List other 2007-2008 Sports: _____

Daniel Boone Ice Hockey Club

Player Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

FEES:

Due at Registration: Deposit = \$200.00 Total Checks only payable to DBIHC

✓	'08-'09 Grade	Grade	Position	Total Fee	Deposit	Amount by 08/31/07
___	High School	9 th -12 th	Non-Goalie	\$500.00	\$200.00	\$300.00
___	High School	9 th -12 th	Goalie	\$400.00	\$200.00	\$200.00
___	Middle School	6 th - 8 th	Non-Goalie	\$500.00	\$200.00	\$300.00
___	Middle School	6 th - 8 th	Goalie	\$400.00	\$200.00	\$200.00
___	Elementary School	3 rd - 5 th	Non-Goalie	\$400.00	\$200.00	\$200.00
___	Elementary School	3 rd - 5 th	Goalie	\$300.00	\$200.00	\$100.00
___	Primary	P - 2 nd	Non-Goalie	\$200.00	\$200.00	\$0.00
___	Primary	P - 2 nd	Goalie	\$200.00	\$200.00	\$0.00

Note:

Players that participated last season, and have made their deposit, will have first chance on the team roster.

Fees do not include jerseys. See attached apparel form for any necessary clothing.

Daniel Boone Ice Hockey Club

Player Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Fee/Payment Spreadsheet

Age Group	08-09 Projected Cost	Due at Registration	First Payment 8/15/08	Second Payment 09/15/08	Third Payment 10/15/08
Varsity - Returning Player	\$500	\$200	\$100	\$100	\$100
Varsity - New Player Includes Uniform	\$650	\$200	\$150	\$150	\$150
Varsity - Returning Goalie	\$400	\$200	\$75	\$75	\$50
Varsity - New Goalie Includes Uniform	\$550	\$200	\$125	\$125	\$100
Middle School - Returning Player	\$500	\$200	\$100	\$100	\$100
Middle School - New Player Includes Unifom	\$650	\$200	\$150	\$150	\$150
Middle School - Returning Goalie	\$400	\$200	\$75	\$75	\$50
Middle School - New Goalie Includes Uniform	\$550	\$200	\$100	\$100	\$150
Elementary - Returning Player	\$400	\$200	\$75	\$75	\$50
Elementary - New Player Includes Uniform	\$550	\$200	\$125	\$125	\$100
Elementary - Returning Goalie	\$300	\$200	\$50	\$25	\$25
Elementary - New Goalie Includes Uniform	\$450	\$200	\$100	\$100	\$50
PreK-2 - Player	\$200	\$200			
PreK-2 - Goalie	\$200	\$200			

Mail All Checks To:

Daniel Boone Ice Hockey Club
 Attention: Treasurer
 P.O. Box 37
 Douglassville, PA 19518

All payments must be current in order to participate in any club events.

Please register your player with USA Hockey at www.usahockey.com and mail your confirmation in with your first payment.

www.dbicehockey.com

PLEASE KEEP THIS SHEET FOR YOUR REFERENCE

Daniel Boone Ice Hockey Club

Player Information:

Date:

Last Name: _____ First Name: _____ Middle Initial: _____

Uniform Information

You are required to have 2 jerseys; 1 home and 1 away.

If you played for Daniel Boone Ice Hockey last season, you may use the jerseys you have.

New Players uniforms are included in their price. Returning Players needing new uniforms must order at time of registration and make payment by 09/15/2008.

The uniform package contains the following:

2 Jerseys (one white and one blue)

2 Sets of socks

Cost for uniform package (check if desired): **\$150.00**

Jersey Size (check): YL AS AM AL AXL AXXL Goalie Cut

Jersey Number Choices: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Jersey Numbers are not guaranteed. Previous players have first choice

If you played for Daniel Boone Area Ice Hockey last season, what was your jersey number? _____

Individual Items (Check Item Desired):

Cost Each

- | | |
|---|----------------|
| <input type="checkbox"/> 1 home Jersey (white) | \$63.00 |
| <input type="checkbox"/> 1 Away Jersey (blue) | \$63.00 |
| <input type="checkbox"/> 1 Pair game socks away (blue) | \$12.00 |
| <input type="checkbox"/> 1 Pair game socks home (white) | \$12.00 |

Total amount due for uniforms:

\$ _____

VOLUNTEERS NEEDED AT ALL LEVELS:

Please Check Your Interests Below:

- Coach or Assistant Coach (Certification and Background Check Required, Daniel Boone Ice Hockey pays these fees)
- Team Manager (Background Check Required, Daniel Boone Ice Hockey pays these fees, see handout for job description)
- Committee Member (See handout for job description)
- Fundraising Committee (See handout for job description)

Daniel Boone Ice Hockey Club

Player Information:

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Important Waiver Information – Please Read

I understand that if the entire balance remaining is not paid by the date as indicated above; I/We will not be permitted on the ice.

I understand that any payment checks returned by the Club's bank for non-payment will be subject to a penalty of \$25.00 or 10% of the face value of the check, whichever amount is greater.

I understand that any photographs taken of the players during the season can be used for promotional and advertising purposes.

I understand that the player's name may be used and included in the roster listings of the team's and league's websites.

I understand that any registration received after Sunday, August 31, 2009, a late fee of \$50.00 will be added to the registration fee.

I understand that all monies paid to Daniel Boone Ice Hockey Club are "Non-refundable". This includes leaving the team due to injury, loss of interest or transfer to another organization.

I understand that if the final balance is not paid in full by 10/15/08, my deposit and players spot on the team will be forfeited.

Parent Signature: _____

Method of Payment:

For security reasons only checks will be accepted . Check Number: _____

PARENTS:

Make all Checks payable to **DBIHC**

Check Amount: _____

Date Received: _____

All payments made via mail should be sent to:

Daniel Boone Ice Hockey Club
Attention: Treasurer
P.O. Box 37
Douglassville, PA 19518

Do Not Write Below This Line – For Club Use Only

Checklist:

- Is the registration form complete?
- If the player is new to the club, has a copy of their birth certificate been received?
- Has the registration fee been received?
- Has player been informed of USA Hockey registration procedure?
- Have all of the attached USA Hockey registration forms been filled out?
- Has the player indicated the school district in which they live?
- Practice night preference** _____
- Club Representative checking this form: _____ (Please print name)



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____
Participating in USA Hockey for the 2007-08 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: _____



USA HOCKEY
CONSENT TO TREAT

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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

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 call Shirley Murray, Marsh USA, Inc., (317) 261-9307.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

(over, please)

MEDICAL HISTORY FORM

(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ 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: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

- | | | |
|--|-----|----|
| Head injury (concussion, skull fracture) | Yes | No |
| Fainting spells | Yes | No |
| Convulsions/epilepsy | Yes | No |
| Neck or back injury | Yes | No |
| Asthma | Yes | No |
| High blood pressure | Yes | No |
| Kidney problems | Yes | No |
| Hernia | Yes | No |
| Diabetes | Yes | No |
| Heart murmur | Yes | No |
| Allergies | Yes | No |

Please specify: _____

Injuries to:

- | | | |
|--------------|-----|----|
| Shoulder | Yes | No |
| Knee | Yes | No |
| Ankle | Yes | No |
| Fingers | Yes | No |
| Arm | Yes | No |
| Other: _____ | | |

- | | | |
|------------------|-----|----|
| Impaired vision | Yes | No |
| Impaired hearing | Yes | No |
| 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: _____

