



Delco Phantoms Ice Hockey Club
2011-2012 Season

DELCO PHANTOMS

2011 – 2012 PLAYER REGISTRATION

(please print)

Player Information:

Player's Name: _____
(First) (MI) (Last)

Address: _____
(Street)

(City) (State) (Zip Code)

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Registrant has interest in being evaluated as: Atom ___ Mite ___ Squirt ___ Pee Wee ___ Bantam ___ Midget ___

Date of Birth: ___/___/___

Parents or Legal Guardian Information:

Mother's First Name: _____ Father's First Name: _____

Mother's Last Name: _____ Father's Last Name: _____

Address: _____ Address: _____
(Street) (Street)

(City) (State) (Zip Code) (City) (State) (Zip Code)

Home Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

E-Mail:

Primary E-mail Address - Yes No N/A - _____

Father's E-mail Address: _____

Mother's E-mail Address: _____

Player's E-mail Address: _____ (can not be primary)

General Warranties:

- 1.) Did this player finish the season as a member of the Delco Phantoms Ice Hockey Club? _____
- 2.) Is this player currently registered with a team other than the Delco Phantoms Ice Hockey Club? _____
- 3.) Was this player evaluated this season (2011-2012) by another team? _____
- 4.) If (# 3.) above is "Yes", did you obtain a written release (you are required to submit the release at registration or you can not be registered)? _____

The minimum \$300 deposit due at registration is non-refundable _____ (Initials), additionally, this amount will be applied to your tuition payment for the upcoming 2011/2012 season.

I (We) submit that the aforementioned information is accurate and understand that I (we) agree to submit full payment based upon the standard payment plan or in accordance with a mutually agreed upon customized plan.



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If a player is assigned to one of the travel teams and he/she decides not to play, no refund will be awarded at any time. The \$300 registration fee is part of your annual dues/tuition and is non-refundable.

The Delco Phantoms Ice Hockey Club reserves the right to revoke membership privileges for a member's failure to adhere to the USA Hockey Code of Conduct, DVHL Code of Conduct or Delco Phantoms Ice Hockey Club Parental Pledge and Player Code of Ethics.

It is understood that if payments are delinquent, all membership privileges are revoked until my account is in compliance with the agreed upon payment plan. This includes, but is not limited to, practices, home/away games, tournaments where the team is registered as a Delco Phantoms Ice Hockey Club team or dressed in the Delco Phantoms Ice Hockey club uniform and any on-ice and off-ice events affiliated with the Delco Phantoms Ice Hockey Club organization.

We realize the game of ice hockey requires both personal and financial commitments. As such we are making every attempt to keep our costs as low as possible. We are a not-for-profit volunteer group that works at providing our players with quality coaching and the best facilities to play in.

Below is the 2011-2012 Tuition and Payment Schedule.

| Level | Deposit | 15-May | 15-Jun | 15-Jul | 15- Aug | 15-Sep | 15-Oct | Total Cost |
|-------------------------------------|---------|--------|--------|--------|---------|--------|--------|------------|
| Midget 18U | 300 | 280 | 280 | 280 | 275 | 275 | 275 | 1965 |
| Midget 16U | 300 | 280 | 280 | 280 | 275 | 275 | 275 | 1965 |
| Bantam 14U | 300 | 280 | 280 | 280 | 275 | 275 | 275 | 1965 |
| Peewee 12U | 300 | 280 | 280 | 280 | 275 | 275 | 275 | 1965 |
| Squirt 10U | 300 | 240 | 240 | 240 | 235 | 235 | 235 | 1725 |
| Mite 8U Includes Warm-up Suit | 300 | 145 | 145 | 145 | 140 | 140 | 135 | 995 |

Members may choose to pay their tuition in full or make monthly payments according to the schedule after they have submitted their \$300 deposit at registration. Monthly payments are to be made by the 15th of each month starting May 15, 2011 with the final payment due October 15, 2011. **Players who have outstanding balances after October 15, 2011 will not be allowed to participate and will be pulled from the ice and any team functions including games and practices until fees are paid in full as stated above.**

If all balances are paid prior to September 1, 2011 you will be entitled to a \$100.00 discount on your annual tuition.

Families with multiple players in the organization are entitled to 10% discount on the youngest player's tuition.

_____/_____/_____
(Signature of Player) (Date) (Printed Name)

(For Organization's Use Only)

_____/_____/_____ \$ _____ # _____
(Signature of Parent or Legal Guardian) (Date) (Amt. Deposited) (Check #)

(Printed Name of Parent or Legal Guardian)



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Payments should be mailed to:

Delco Phantoms Ice Hockey Club
322 Catawba Drive
Logan Township, NJ 08085

Payment can also be dropped off at Iceworks at the front office to be placed in the **Delco Phantoms mailbox**. **NO CASH SHOULD BE LEFT FOR TUITION PAYMENTS.** If you want to pay by cash you must make an appointment via email with the treasurer to meet at the rink. Email address: Hockeymama@verizon.net

The club's annual tuition covers:

- DVHL League & Non-League games - approx. 36+
- Weekly on ice practice - Mites-U8 through Bantam- U14 will have 1 full sheet and ½ sheet per week, Midget-U16 & U18 will have 1 full sheet
- League fees
- Referee fees



Delco Phantoms Ice Hockey Club
2011-2012 Season

DELCO PHANTOMS MEDICAL HISTORY and AUTHORIZATION TO TREAT

| | |
|---------------------|----------------|
| PLAYER NAME: | Date: |
| Address: | Birth date: |
| Daytime phone: | Evening Phone: |

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

| | |
|-------------------|----------------------|
| Name: | Relationship: |
| Daytime phone: | Evening Phone: |
| Name: | Relationship: |
| Daytime phone: | Evening Phone: |
| Physician's Name: | Physician's Phone: |
| Daytime phone: | Evening Phone: |
| Dentist's Name: | Dentist's Phone: |

MEDICAL INSURANCE INFORMATION: Please complete if athlete is covered:

| | |
|------------------------|--------------------------|
| Insurance Company: | Telephone: |
| Address: | |
| | Policy Number: |
| Name of Policy Holder: | Relationship to Athlete: |
| Signature: | |

HAVE YOU EVER HAD OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

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 reverse side of this page.

| | | | | | | | | |
|--|-----|----|----------------------------|-----|----|--------------|-----|----|
| Fainting spells | Yes | No | Hernia | Yes | No | Injuries to: | | |
| Convulsions, Epilepsy | Yes | No | Diabetes | Yes | No | Shoulder | Yes | No |
| Neck or Back Injury | Yes | No | Heart murmur | Yes | No | Knee | Yes | No |
| Asthma | Yes | No | Impaired Vision | Yes | No | Ankle | Yes | No |
| High blood pressure | Yes | No | Impaired Hearing | Yes | No | Fingers | Yes | No |
| Kidney problems | Yes | No | Do you wear Contact lenses | Yes | No | Arm | Yes | No |
| Head injury (concussion, skull fracture) | Yes | No | Allergies: Please specify | Yes | No | Other: | Yes | No |

What is the date of your most recent tetanus booster: _____

Are you currently taking any medications? _____ What? _____

Why? _____

Has your doctor placed any restrictions on your activity? _____ Explain: _____

We authorize any Team or League coach, assistant coach or official to have the above-named participant examined and/or treated by a physician and, if necessary, admitted to a hospital for medical care.

Signed: _____ Date: _____
(Athlete)

Signed: _____ Date: _____
(Parent)



DELAWARE VALLEY HOCKEY LEAGUE (DVHL) PLAYER/PARENT AGREEMENT

This AGREEMENT is entered into in the Commonwealth of Pennsylvania between

_____, born on _____

(“The Player”) and jointly and severally by the Player’s parent and/or legal guardian,

_____, residing at _____,

(“The Parent”) and _____ (“The Club”), a youth hockey

organization for the 2011 / 2012 hockey season, which is defined as lasting from the date of signing of this agreement until the completion of the USA Hockey National Tournaments (“The Season”). It is understood that the Parties **intend to be legally bound by this Agreement**, and that this Agreement was signed in, and is enforceable, in the Commonwealth of Pennsylvania, and that all references to the Player includes males and females.

1. The parent understands that if the player resigns or otherwise voluntarily terminates his/her participation for any reason after signing this agreement, the player is not entitled to a refund of the player fee and must pay the entire remaining balance of the player fee before a DVHL/Atlantic District Player Release Form will be issued.
2. The player agrees to play DVHL amateur ice hockey exclusively for the above mentioned Club and may not register for, be evaluated for or play for any other DVHL club. The player may also participate with any school, independent or Atlantic District run program. Dual rostering is not permitted on any Tier I (AAA), Tier II (AA, A, B, C) or any Junior Programs; however, Girls are permitted to be dual rostered on any Tier I (AAA), Tier II (AA, A, B, C) or Girls team. If both teams are National Tournament bound, the player must declare, in writing, by 12/31/11, for which team she will participate should these teams qualify for Districts, leading to the National Tournament.
3. The Player agrees that he/she will attend all of the Club’s ice practices, games, off-ice training, instructional sessions and organized team meetings, except when prevented from doing so for educational or medical reasons, in which case, the player will request permission in advance (when reasonably possible to do so) to be absent. The club acknowledges that such permission will be granted for all reasonable requests. The player agrees that he/she will maintain his/her academic and educational course work at the/she highest-level possible.
4. The Club will provide the Player USA Hockey and Atlantic District registration unless the player has been previously registered by another organization.
5. The Player agrees to obey the laws of the Commonwealth of Pennsylvania and that he/she will maintain good citizenship and behavior at all Club events, as well as in his/her everyday life, recognizing that his/her behavior is a reflection upon the Club.
6. The Player agrees not to use vulgar or profane language, racial, ethnic or gender related slurs toward teammates, coaches, officials, opponents or spectators.
7. The Player agrees that alcohol, tobacco products, and all legally banned substances, which includes marijuana, cocaine, non-prescribed medications, including performance enhancing substances and other related drugs, have no place in hockey and Player agrees not participate in such use.
8. The Player recognizes that there is no place for violent or overly aggressive play in hockey where the obvious intent is to injure or harm another player, and agrees not to participate in such conduct.
9. The Parent agrees to respect and show appreciation for the volunteers who give their time to hockey. Parent further agrees not to yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any Club function.
10. The Parent agrees to be responsible for the financial commitment made in this Agreement (which includes the payment of a Registration Fee and a Player Fee), even in the event that Player’s Club or playing privileges are

DELAWARE VALLEY HOCKEY LEAGUE
CODE OF CONDUCT ACCEPTANCE FORM FOR 2011-2012 SEASON

NAME OF CLUB: _____

NAME OF PLAYER: _____

TEAM OF PLAYER: MITE SQUIRT PEEWEE BANTAM MIDGET 16 MIDGET 18

LEVEL OF TEAM: AA A B MITE

Parental/Guardian DVHL Code of Conduct Pledge

- We will show respect and support for coaches and officials, prior, during and after the game.

- We will ensure that our child behaves in a sportsmanlike manner.

- We will demonstrate respect and support for all players and families, including opponents' before, during and after the game.

- We will be mindful of the need for player development over the need to win.

- We will ensure that our child not use performance-enhancing drugs.

- We will refrain from coaching or instructing any players during a game or practice unless I am their official coach.

- We will abide by the rulings of the officials and coaches and league administrators during and after the game.

- We will demand and demonstrate a healthy sports environment by refraining from alcohol and tobacco use during all sporting events.

- I have read and understand the DVHL Code of Conduct and pledge to follow the code and the policy regarding acceptable behavior. I will accept and support the league sanctions imposed to foster a sportsmanlike atmosphere on behalf of myself, my family, my player and any spectators that are associated with my family

Signed:

_____ (Parent/Guardian)

Date: _____



**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 _____ 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)



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 _____
PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

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

This form to be retained by local program.