

DELCO PHANTOMS Girls 2018-2019

Registration Packet Checklist

Please make sure all items are signed and brought to the 1st night of tryouts

Check List:

Check

Delco Use Only

Check List:	Check	Delco Use Only
Online Registration Completed		
USA Hockey Consent to Treat		
USA Hockey Code of Conduct		
Delco Phantoms Tuition Agreement		
Delco Phantoms Player Information		
Delco Jersey Order Form		
Birth Certificate (copy, new players only)		
2018-19 USA Hockey Registration Last season's will not be accepted		

Copy of Birth Certificate New Players Only

Printed copy of USA Hockey
2018-19 Registration. New
season opens April 1, 2018.

Bring all of the above items
signed and ready to go. All of
these items will be required to
take the ice for tryouts.



Phantoms Ice Hockey Club
2018-2019 Season

DELCO PHANTOMS PLAYER INFORMATION & AUTHORIZATION TO TREAT

Player Name:	Are you a returning Phantom:
Birth date:	Team last year:
Address:	Jersey #:
	Position:
Phone:	
Email:	

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name:	Relationship:
Daytime phone:	Evening Phone:
Name:	Relationship:
Daytime phone:	Evening 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 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
I high blood pressure	Yes	No	Impaired I fearing	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			Other:		
	Yes	No		Yes	No		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)



Delco Phantoms Ice Hockey Club
2018-2019 Season

2018-2019 SEASON

JERSEY/SHELL/SOCK ORDER FORM

The registrar assigns the numbers and the Pro shop will receive the list of approved numbers. Fittings will begin in early June. You must leave a deposit for the jerseys at this time.

1. Ice Works Pro Shop will only accept forms with the proper authorization (signature) for the jersey number. Please fill out the form below with your six number selections. A \$100 deposit paid directly to Ice Works Pro Shop is required for the order to be placed. (Estimated cost: \$90 for each jersey, \$50 shell and \$15 per sock set) New players must order a white and a black jersey, phantoms shell and white and black socks.

Fittings will begin Tuesday June 5th, and will run every Tuesday, Wednesday, and Thursday through Thursday, July 12th. Fitting times are from 4-7pm on each of those days – extra staff is on hand during those times. Orders placed in this time frame will be back in time for the Labor Day Tournaments.

2. Numbers are assigned to prevent a conflict in the upcoming season and in an attempt to avoid conflicts in subsequent seasons. A player indicating six choices below may receive a number of his choice, even if that number creates a potential conflict in a subsequent season, as long as the line below is signed in acknowledgement that this player will be the one to change his number if a conflict arises and that he will pay the additional costs associated with changing the number. (You do not need to sign this line if you prefer to use an unassigned number.)

X _____

3. All jersey numbers must be approved by the club registrar – she will provide the pro shop with the approved numbers.

2018-19 Team: Mite Squirt Peewee Bantam Midget

Player's Last Name (print clearly) Player's First Name (print clearly)

Home Phone Number New Member/Jersey Order Replacement Jersey Order-must be same # (Please check one)

*****Player's Birth date: _____*****

JERSEY (S) Circle Jersey(s) needed: WHITE BLACK (new players need both)

JERSEY NUMBER: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

4th choice: _____ 5th choice: _____ 6th choice: _____

A \$15 LATE FEE WILL BE CHARGED ON ALL JERSEY ORDERS PLACED AFTER AUGUST 15, 2018

Delco Phantoms Girls Payment Agreement 2018-2019

PAYMENT PLANS ARE OVER THE SUMMER

	Try-out on-line	May 15th	Jun 15th	Jul 15th	Total Cost
U16	150	585	585	580	1900
U14	150	585	585	580	1900
U12	150	520	520	510	1700
U10	150	520	520	510	1700

Members must pay in accordance with the payment break down above or can pay in full by May 15th. _____ (initial here)

Monthly payments are to be made by the 15th of each month starting **May 15, 2018** with the final payment due **July 15, 2018**. _____ (initial here)

PLAYERS WITH OUTSTANDING BALANCE AS OF JULY 15, 2018 WILL NOT BE PLACED ON A ROSTER UNTIL THEIR TUITION IS PAID IN FULL.

Checks and Money Orders can be mailed to:

**Delco Phantoms Ice Hockey Club
C/O Michele Filippello, Treasurer
322 Catawba Drive
Logan Township, NJ 08085**

You can also pay using the payment buttons at Delcophantoms.org Tuition Page or with your PayPal account by using the send money tab to email DelcoHockeyMama@comcast.net.

I understand that I am responsible for tuition payments in accordance with the above payment plan on or before the 15th of May, June, and July. Also, I understand if I choose to pay in full I must be paid in by May 15th or I will be responsible to make the monthly payments as referenced above.

Please Sign Here

If contract is not accepted I understand that this contract is null and void and I am not responsible for tuition. Try-out fees are non-refundable.

STATEMENTS WILL NOT BE SENT OUT IT IS YOUR RESPONSIBLE TO PAY YOUR TUITION ON TIME.



USA Hockey

Consent To Treat/Medical History Form



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:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Phone: (____) _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

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 back of this form.

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Injury
<i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

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

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.



**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: _____