



## COON RAPIDS YOUTH HOCKEY ASSOCIATION 2009-2010 REGISTRATION

**ALL players MUST first register with USA Hockey at  
www.usahockeyregistration.com before registering with  
Coon Rapids Youth Hockey Association**

**All CRYHA Registrations must include the confirmation page from USA Hockey**

Registration is open to boys and girls ages 4 to 19 in Anoka-Hennepin School District #11 who *reside within the Coon Rapids High School boundaries*. Please verify that you live within these boundaries *before* registering with CRYHA.

**ALL** outstanding payments due CRYHA *must* be paid *prior* to registering for the 2009-2010 Season. This also includes all equipment and jerseys that have not been returned to CRYHA.

You may mail **all required** forms or register in person. Please bring your **completed** forms to registration as there will only be a limited supply of registration forms available. **ALL forms must be included or registrations will not be accepted.**

REGISTRATION DEADLINES		In-Person Registrations
Bantam, Peewee, Squirt 14U, 12U, 10U	MUST be received by September 1, 2009	<u>AT COOK ARENA</u>
Mite, 8U	MUST be received by October 15, 2009 Will accept 1 <sup>st</sup> year players <i>only</i> until November 1	Tuesday, August 4 - 6:00-7:30 p.m. Sunday, August 16 - 2:00-4:00 p.m.
Late registrations from <i>current</i> members will be accessed a \$50 late fee.		

**Jr. Gold:** Registrations for Jr. Gold will be held at a later date in November. Please watch the website for further information.

**Registration Fees:** Commitment Guidelines/Expectations are noted on the backside of this page.

- Mites/8U Girls - \$150
  - 1<sup>st</sup> year Mites/8U Girls - \$50
- All other levels (boys and girls) - \$200
- Association fee (per family/per year) - \$40
- Volunteer Fee - \$200 post-dated check/will not be cashed if volunteer requirements are completed. (See Volunteer Information attached)

**Registrations** must be complete or they will not be accepted. Registrations **MUST** include the following:

- CRYHA Registration Form and Registration Fee (*including the \$40 Association Fee/per family*)
- USA Hockey Confirmation Page
- Consent to Treat
- Government Issued Birth Certificate (*if new player*)
- 2009-2010 Volunteer Contract (*w/separate \$200 post-dated check*)
- 2009-2010 Delinquent Payment Acknowledgment

**ALL FAMILIES MUST PARTICIPATE IN MANDATORY  
FUNDRAISERS AND VOLUNTEER HOURS**

*See Attached.*

**COON RAPIDS YOUTH HOCKEY ASSOCIATION  
2009-2010 ESTIMATED COMMITMENT GUIDELINES AND EXPECTATIONS**

AGES	1ST YEAR MITES/8US**	8U GIRLS	MITES	10U GIRLS	SQUIRTS	12U GIRLS	PEEWEEES	14U GIRLS	BANTAMS	JR. GOLD
	7/1/2000 & younger			7/1/98 - 6/30/2000		7/1/96 - 6/30/98		7/1/94 - 6/30/96		7/1/90-6/30/94 & in H.S.
ESTIMATED NUMBER OF TEAMS	7-9	1	4-5	1	A-1; B1-1; B2-1; C-1	A-1 B-2	A-1; B1-1; C-1	1	A-1; B1-1; C-1	1
PRACTICES/WEEK	1-2	1-2	1-2	1-3	2-4	1-3	2-4	2-4	2-4	2-4
GAMES/WEEK	1-2	1-2	1-2	2-3	2-3	1-2	2-4	2-4	2-4	2-4
LAST YEAR TOTAL ICE HOURS	15-25	37	18	58	52	61	61	65	70	31
GAMES/ SCRIMMAGES	18	15	18-21	25-35	25-35	25-35	25-45	30-35	30-35	35-45
TOTAL TOURNAMENTS	In-House	1-2	1-2	2-4	2-4	1-5	2-4	4-7	3-6	3-4
OUT-OF-TOWN TOURNAMENTS	0	0	0	0-1	0-1	0-1	1-2	1-3	1-2	1-2
REGISTRATION FEE	\$50	\$150	\$150	\$200	\$200	\$200	\$200	\$200	\$200	\$200
ASSOCIATION FEE * (PER FAMILY/PER YEAR)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
TRYOUT FEE	0	0	0	\$65-75	\$65-75	\$65-75	\$65-75	\$65-75	\$65-75	\$65-75
ADDITIONAL TEAM FEES **	\$0-200	\$100-200	\$100-200	\$300-600	\$300-600	\$400-700	\$400-700	\$700-1,200	\$700-1,200	\$600
VOLUNTEER FEE (PER FAMILY/PER YEAR)	*** \$200 check post-dated March 1, 2010 - returned or shredded after completion of volunteer hours ****									
VOLUNTEER HOURS ***	10-15	10-15	10-15	15-20	15-20	15-20	15-20	15-20	15-20	15-20
ADDITIONAL COSTS	****	****	****	****	****	****	****	****	****	****

- ♦♦ First year mites players that make higher than an A mite level will be charged an ice assessment.
- \* The association fee covers our operating costs (i.e. copying charges, postage, signage, banners, etc.)
- \*\* Collected from each player by team manager to cover expenses such as additional ice time, tournament entry fees, practice jerseys, lettering and team functions.
- \*\*\* Includes concession stand, tournaments and any other association events.
- \*\*\*\* Additional hockey-related costs can include equipment, travel related expenses to tournaments, team initiatives to purchase hats, sweatshirts, etc.

## USA Hockey On -Line Registration

USA Hockey on-line registration ***must*** be completed prior to registering with CRYHA!!  
The confirmation page is required with registrations for CRYHA.

1. Go to [www.usahockeyregistration.com](http://www.usahockeyregistration.com).
2. Choose member type "Ice Player."
3. Check the box that acknowledges that YOU are 18 or older (person completing the registration must be 18 years of age).
4. Follow the prompts – fill in all data correctly – Enter your child's name ***EXACTLY*** as it appears on their ***BIRTH CERTIFICATE. NO NICKNAMES!***
5. Process payment\* – Visa, Master Card, Discover or American Express (credit or debit card). A Visa gift card will also work.
6. ***PRINT*** your confirmation page. You ***MUST*** include this with your CRYHA registration forms. It should include a ***BAR CODE*** that will be scanned.

\* Each player will pay the USA Hockey fee of \$30 and a MN Affiliate Hockey fee of \$10. Any child born January 1, 2003 or later does not pay either fee – but you must still register with USA Hockey prior to registering with CRYHA.

Your confirmation receipt also includes the USA Hockey Waiver of Liability (which you agreed to while registering on-line.)

## 1<sup>st</sup> Year Mites/8U Girls Registration Option

Prior to making a commitment to CRYHA, *first year* Mites and 8U Girls can participate in the skills sessions until November 1. The process will be as follows:

1. **Complete registration process:**
  - a. Register online with USA Hockey. (See instructions above.)
  - b. Register with CRYHA with the following:
    - Registration form with \$50 registration fee (to be held until November 1.)
    - **USA Hockey Confirmation Page**
    - Consent to Treat
    - **Copy of birth certificate**
      - To order birth certificates for any state, view <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>
      - For Minnesota Birth Certificates, visit <http://www.co.anoka.mn.us/services/#birthcert> to locate the Anoka County License Center nearest you.
    - 2009-2010 Volunteer Contract (\$200 volunteer fee required – if you choose not to continue, your check is destroyed/if you choose to continue, your check will be held until the end of the season and will not be cashed unless volunteer hours are incomplete)
    - 2009-2010 Delinquent Payment Acknowledgment
2. **The entire registration must be received prior to participating in the skills sessions.**
3. **Your registration forms and check will be held until November 1.** At that time, if your son/daughter chooses not to continue, all forms and checks will be destroyed.

## **Delinquent Payment Acknowledgement Form**

Why does the CRYHA require the completion of the **Delinquent Payment Acknowledgement Form**?

CRYHA is a non-profit organization with a State regulated and tight budget. Unfortunately, over the past several years, the significant increase in the number of delinquent accounts became an issue on the balance sheet, and required that steps be taken to limit this exposure. In the 2007-08 hockey season the implementation of a formal payment agreement called the **Delinquent Payment Acknowledgement Form** was introduced, and in the first year of its use the Association saw a considerable drop in the number of delinquent accounts.

Player assessment payments are very necessary to the ongoing operation of the Association as the gambling proceeds are highly regulated and can only be used for certain items as outlined by the State (generally fees for ice time), and are not enough to cover the full cost. In addition to gambling, CRYHA offers fundraising projects and events to minimize the cost to members and to generate funds for operational expenses of the organization.

Please note that CRYHA is comprised of parents/guardians who pay assessments for their child to participate in the Association. Money from the assessments is used primarily to pay for ice time that CRYHA must buy from its home facilities. Additionally, the assessments cover the cost of referees, team equipment, coach credentialing, and other necessary items.

### **Volunteer Deposit & Family PIN Number**

**\$200 Volunteer deposit per family required at registration**

**5 CRYHA volunteer hours required per family  
(this does not include your team assigned concession hours)**

**Contact Person- Barb Sanders**

**[cbhg96@q.com](mailto:cbhg96@q.com)**

**763-226-5795**

**All Board Members, Head Coaches & Managers will be exempt from this requirement  
(1 manager & coach per team).**

This check is a deposit and will not be cashed. After all hours have been completed your check will be shredded. If a family has not completed 5 volunteer hours, the full deposit will be forfeited, the check will be cashed.

**Each NEW family to CRYHA will need to obtain a PIN Number by visiting the  
volunteer tab @ [www.coonrapidshockey.com](http://www.coonrapidshockey.com)**

**If you played for CRYHA last season- you will use the same pin number. If  
you have forgotten your pin number, please visit the website under  
the volunteer tab and follow the instructions to  
have your pin number emailed to you.**

**(See attached Volunteer Policy.)**

# Coon Rapids Hockey Association

## Volunteer Policy

### 2009-2010

The Coon Rapids Youth Hockey Association (CRYHA) is a volunteer-run organization.

**Each family must complete (5) CRYHA volunteer hours  
(this does not include team assigned concession hours)**

**All Board Members, Head Coaches & Managers will be exempt  
from this requirement(1 manager & coach per team).**

**Contact Person- Barb Sanders**

**cbhg96@q.com**

**763-226-5795**

### **Volunteer Program F.A.Q.s**

A separate check, payable to CRYHA (postdated for March 1, 2010) for the \$200 volunteer fee, is mandatory at the time of registration. **This check is a deposit and will not be cashed.** After all hours have been completed your check will be shredded. *If you would like the check mailed back to you please include a self-addressed/self-stamped envelope with this form.* If a family has not completed 5 CRYHA volunteer hours, the full deposit will be forfeited, the check will be cashed.

#### **How do I get PIN # for my family in order to register for volunteer opportunities?**

- \* Each NEW family to CRYHA will need to go to the Volunteers tab on the CRYHA Website- www.coonrapidshockey.com and obtain a PIN # for your family- Please keep this for your records.
- \* If you played for CRYHA last season- you will use the same pin number. If you have forgotten your pin number, please visit the website under the volunteer tab and follow the instructions to have your pin number emailed to you.

#### **How do I know where help is needed? How do I sign up to Volunteer?**

- \* As they become available, volunteer opportunities will be posted under the volunteer tab on the CRYHA website and/or through your team manager.
- \* Using your PIN # and your family name, choose an event(s) you would like to volunteer for.
- \* The volunteer coordinator will verify that you have fulfilled the hours you had signed up for.

#### **I usually help out with the clock or penalty box during my child's league games. Does that count?**

- \* Clock workers, scorebooks and penalty box volunteers during non-tournament games/scrimmages do not satisfy the volunteer hour requirement. These tasks are considered team related activities and each family is required to assist the Team Manager in performing these tasks.

#### **How do I prove that I've completed my hours?**

- \* A CRYHA Board Member will verify all volunteer hours completed for each activity.
- \* If a member is working volunteers hours at an activity such as a tournament, try-outs, etc., the CRYHA Volunteer Coordinator or Tournament Coordinator will have a sign in sheet. Volunteers will need to check in and sign their name in order to verify completion on volunteer hours.
- \* **The completion of the mandated CRYHA volunteer hours is the sole responsibility of each family and NOT the CRYHA Board. CRYHA will not be sending periodic notification of volunteer hours completed throughout the 2009-2010 hockey season.**

#### **When will I get my check back?**

- \* All checks will be shredded at the end of the season - *unless a self-addressed/self-stamped envelope is included with your volunteer contract form.*

# COON RAPIDS YOUTH HOCKEY ASSOCIATION

## FUNDRAISING NOTICE

Fundraising is an important function for any association to generate money to pay for operational expenses. In the coming year we will have a variety of fundraising activities to help Coon Rapids Youth Hockey Association bring the best possible value for the players and families. Fundraising does require a commitment from all its members in order to be successful.

The functions that we will ask participation for in the coming year will start with the Golf Tournament on Saturday, September 19 at Victory Links in Blaine. We are looking for teams of 4 at a cost of \$90 per person. Applications can be found on the CRYHA website. This event will include prizes for the winning team, closest to the pin, longest drive and longest putt. There will be a reception at CR's Sportsbar after, where there will be a BBQ and the prize handout. There will be a Tent Party and a band - The Underachievers - each golfer will be given 2 passes for guests. All are welcome!!

We will also have the annual Hockey Dance which will be held sometime in February 2010. This is an opportunity for hockey parents to get out and get to know other hockey parents and have a good time. This is usually a \$10 cover and has raffles and silent auction items. We will have more information to come on this event.

We are also hosting 3 tournaments this year at Cook Arena. We will need your help to make these tournaments successful. As of now, the dates are November 27, 28, 29 (B Squirts), December 11, 12, 13 (B1 Bantam), January 1, 2, 3 (B1 Peewee). We hope to generate money by selling advertisement in the programs that will be printed for each tournament. We also hope to sell Tournament T-Shirts at each of the events, presale and possibly sales during the tournaments.

Finally, we will be selling calendars again this year. The calendars will be sold for \$20 apiece with a drawing held sometime in January 2010 where stubs will be drawn to determine the money winners for each day of 2010. Each day's winner receives \$30 for most days with other amounts ranging from \$100 to \$500 for certain holidays. A total of almost \$15,000 is given out.

Each player will be required to sell 10 calendars. If a family has more than 2 players in hockey, the calendars will be received by the oldest participating child. Each family will only be required to sell 10. For first year players when no other child in the family plays hockey in the association, the player will be required to sell 5 calendars. If a first year player has another sibling playing in the association the family will be required to sell 10 calendars. If a family has one or more players playing and all are first year players, then the family is only required to sell 5 calendars. Even if a family does not sell their allotted calendars, they will be responsible for payment of the entire amount and are required to hand in the stubs filled out with their own names on them.

I would just like to say again how important it is to participate and get involved. All of these functions will require some assistance from CRYHA families and players. Any association is only as good as the members that belong to it and we want to strive to make our association better each year. Please contact either Bill Kiecker or Chad Hannu if you have interests in helping out in anyway. There are opportunities to donate time by helping get prizes for golf tournament or the hockey dance. If you have contacts with business in the area that would like to advertise in the programs for our hockey tournaments or would be interested in being a hole sponsor for our golf tournament let us know.

Thanks for your efforts in all of this and let's continue to make CRYHA the best that it can be.

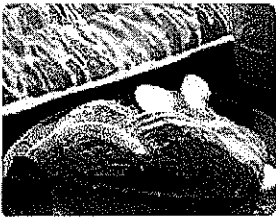
Please contact Bill Kiecker, (763) 780-0785, [bkkiecker@comcast.net](mailto:bkkiecker@comcast.net), or Chad Hannu, (763) 785-1983, [Hannus@comcast.net](mailto:Hannus@comcast.net)

# INDIVIDUAL FUNDRAISERS AVAILABLE

## WREATH FUNDRAISER

Coon Rapids Hockey is offering this great opportunity to earn money towards your family's Ice Assessment. We will be working with Mickman Brothers. From registration to *about* mid-October you will have a chance to sell wreaths, centerpieces and living trees. The profit to be made depends on what you sell and how much. Dia Lawrence will be at Cook during registration on August 4 and 16 to answer any questions you may have about this fundraiser and to pick up your packets (if available by then). If you are unable to make it to registration or if you have questions in reference to the wreath fundraiser you may contact **Dia Lawrence at [dialawrence@comcast.net](mailto:dialawrence@comcast.net)**.

## BUTTER BRAID FUNDRAISER



### **Butter Braids**

Coon Rapids Youth Hockey is also offering another great opportunity to earn money towards your family's Ice Assessment. You will have the opportunity to sell Butter Braids. Butter Braids are a frozen pastry product, which is thawed, then baked. A variety of flavors are available. From registration to October 12, 2009 you will have the opportunity to sell Butter Braids. The Butter Braids sell for \$10.00 each with a profit of \$4.00 per Butter Braid (based on 2008 prices-subject to change). Distribution of Butter Braids will be on November 12, 2009 from 5pm-8pm at Cook Arena. All products must be picked up on distribution night due to the product being frozen. Darcy Hanson will at Cook during registration to answer any questions. Packets will also be available at registration.

Questions- Darcy Hanson (763) 783-0703 or [rdtshanson@comcast.net](mailto:rdtshanson@comcast.net)

## 2009-2010 Coon Rapids Youth Hockey Association Registration

### PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  Male  Female U.S. Citizen:  Yes  No  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION

Father/Guardian _____ Mother/Guardian _____ By providing your email address, you will receive Association updates, newsletters, etc.	Phone (H) _____ (W) _____ Phone (H) _____ (W) _____ Email: _____
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### REQUIREMENTS AND FEES FOR THE 2009-2010 SEASON

<u>REGISTRATION FEES</u>	<u>AMOUNT DUE</u>																																							
<p style="text-align: center;"><b><u>YOUTH TRAVELING</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Squirt</td> <td style="text-align: center;">7/1/98 – 6/30/00</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Pee Wee</td> <td style="text-align: center;">7/1/96 – 6/30/98</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Bantam</td> <td style="text-align: center;">7/1/94 – 6/30/96</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Jr. Gold</td> <td style="text-align: center;">7/1/90 – 6/30/94</td> <td style="text-align: right;">\$200</td> </tr> </table> <p style="text-align: center;"><b><u>GIRLS TRAVELING</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 10U</td> <td style="text-align: center;">7/1/98 – 6/30/00</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> 12U</td> <td style="text-align: center;">7/1/96 – 6/30/98</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> 14U</td> <td style="text-align: center;">7/1/94 – 6/30/96</td> <td style="text-align: right;">\$200</td> </tr> </table> <p style="text-align: center;"><b><u>MITE AND 8U GIRLS</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Mite</td> <td style="text-align: center;">7/1/00 &amp; younger</td> <td style="text-align: right;">\$150</td> </tr> <tr> <td><input type="checkbox"/> 8U Girls</td> <td style="text-align: center;">7/1/00 &amp; younger</td> <td style="text-align: right;">\$150</td> </tr> </table> <p style="text-align: center;"><b><u>1st YEAR MITES/8U GIRLS</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1<sup>st</sup> Year Mite (to be held until 11/1)</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td><input type="checkbox"/> 1<sup>st</sup> Year 8U (to be held until 11/1)</td> <td style="text-align: right;">\$50</td> </tr> </table> <p><i>Additional fees may be accessed. Please see 2009-2010 Commitment Guidelines and Expectations page for more information.</i></p> <p><i>This list does not guarantee that all team levels listed will be formed for the 2009-2010 season.</i></p>	<input type="checkbox"/> Squirt	7/1/98 – 6/30/00	\$200	<input type="checkbox"/> Pee Wee	7/1/96 – 6/30/98	\$200	<input type="checkbox"/> Bantam	7/1/94 – 6/30/96	\$200	<input type="checkbox"/> Jr. Gold	7/1/90 – 6/30/94	\$200	<input type="checkbox"/> 10U	7/1/98 – 6/30/00	\$200	<input type="checkbox"/> 12U	7/1/96 – 6/30/98	\$200	<input type="checkbox"/> 14U	7/1/94 – 6/30/96	\$200	<input type="checkbox"/> Mite	7/1/00 & younger	\$150	<input type="checkbox"/> 8U Girls	7/1/00 & younger	\$150	<input type="checkbox"/> 1 <sup>st</sup> Year Mite (to be held until 11/1)	\$50	<input type="checkbox"/> 1 <sup>st</sup> Year 8U (to be held until 11/1)	\$50	<p style="text-align: center;">Make checks payable to <b>CRYHA</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Registration Fee</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Association Fee (per family/per year)</td> <td style="text-align: right;">\$ 40.00</td> </tr> <tr> <td>LATE FEE (\$50) (if applicable)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><b>TOTAL DUE</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table> <p><u>Plus Separate Volunteer Check</u>                  post-dated March 1, 2009 <span style="float: right;">\$ 200.00</span></p> <p><input type="checkbox"/> Check if registering for more than one player                  Name of other players: _____</p> <p><b>To register by mail send <u>checks</u> and <u>ALL forms</u>:</b></p> <ul style="list-style-type: none"> <li>Registration form</li> <li>USA Hockey Confirmation Page</li> <li>Consent to Treat</li> <li><i>Copy of birth certificate if new CRYHA player</i></li> <li>2009-2010 Volunteer Contract w/\$200 check</li> <li>2009-2010 Delinquent Payment Acknowledgment</li> </ul> <p><b><u>Registration materials will be returned if not complete!</u></b></p> <p>TO: Heidi Keller                  CRYHA Registrar                  11904 Marigold Street NW                  Coon Rapids, MN 55433</p> <p><b>NOTE: ALL <u>CURRENT PLAYERS</u>: A \$50 late fee will be applied if received/postmarked later than September 1, 2009 (Traveling) and October 15, 2009 (Mites/8Us)</b></p>	Registration Fee	\$ _____	Association Fee (per family/per year)	\$ 40.00	LATE FEE (\$50) (if applicable)	\$ _____	<b>TOTAL DUE</b>	<b>\$ _____</b>
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<p><b><u>Residency Certification:</u></b> I hereby certify that the above address is my primary place of residence and it is <b>within the Coon Rapids High School district boundaries</b>. If I rent, I certify that I am living at the address as my primary residence. I give CRYHA the right to immediately suspend my child's participation if it is found that I have primary property/residence outside the CRYHA district. I may be asked to provide documentation of my primary residence. There will be no refund of the balance of my registration fees. I will be liable for any additional ice time or tournament fees my child participated in while playing for CRYHA.</p> <p><b>I HAVE READ AND UNDERSTAND THE RESIDENCY POLICY.</b></p>																																								
_____ Parent/Guardian Signature	_____ Date																																							



# 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 \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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<br><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.

**Coon Rapids Youth Hockey Association – Volunteer Hours Contract  
2009-2010 Season**

**FAMILY PIN # \_\_\_\_\_**

Each **NEW** family to CRYHA will need to obtain a pin number by visiting the volunteer tab @ [www.coonrapidshockey.com](http://www.coonrapidshockey.com) prior to registration.

If you played for CRYHA last season- you will use the **same pin number**. If you have forgotten your pin number, please visit the website under the volunteer tab and follow the instructions to have your pin number emailed to you.

**5 CRYHA volunteer hours required per family  
(This does not include your team assigned concession hours)**

**All Board Members, Head Coaches & Managers will be exempt  
from this requirement (1 manager & coach per team).**

**ONE FORM PER FAMILY - Must accompany player registration form to be registered Ck # \_\_\_\_\_  
(Admin Use) Shred/Return Date \_\_\_\_\_**

Parent/Guardian: \_\_\_\_\_ Home#: ( ) \_\_\_\_\_

Emails: \_\_\_\_\_ Cell#: ( ) \_\_\_\_\_

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

**Please use full name if last name is different than parent/guardian.**

Player: \_\_\_\_\_ (circle) Mite U8 U10 U12 U14 SQ PW BM

Player: \_\_\_\_\_ (circle) Mite U8 U10 U12 U14 SQ PW BM

Player: \_\_\_\_\_ (circle) Mite U8 U10 U12 U14 SQ PW BM

Player: \_\_\_\_\_ (circle) Mite U8 U10 U12 U14 SQ PW BM

**I understand and agree to abide by the 2009-10 CRYHA Volunteer Policy – signature required:**

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

**\$200 Volunteer deposit per family required at registration-  
5 CRYHA volunteer hours required per family  
(This does not include your team assigned concession hours)**

A **separate** check, payable to CRYHA (postdated for March 1, 2010) for the \$200 volunteer fee, is mandatory at the time of registration. This check is a deposit and will not be cashed. After all hours have been completed your check will be shredded. ***If you would like the check mailed back to you, please include a self-addressed/self-stamped envelope with this form.*** If a family has not completed 5 CRYHA volunteer hours, the full deposit will be forfeited, the check will be cashed.

**All volunteer opportunities will be listed as they become available on the website  
under the Volunteers Tab at: [www.coonrapidshockey.com](http://www.coonrapidshockey.com)**

**Contact Person- Barb Sanders**

**[cbhg96@q.com](mailto:cbhg96@q.com)**

**763-226-5795\***

These requirements are based on last years registration numbers and are subject to change based on volunteer opportunities and final registration numbers\*

# Coon Rapids Youth Hockey Association (CRYHA) 2009-2010 Delinquent Payment Acknowledgement Form

Player's Name: \_\_\_\_\_ Level: \_\_\_\_\_

I/we understand that if payments are delinquent, all membership privileges for my child are revoked until my account is current and/or in compliance with agreed upon payment plan.

This includes, but is not limited to:

- Practices
- Home and away games
- Tournaments where the team is registered as a CRYHA or dressed in the CRYHA Hockey uniform
- Any on-ice or off ice-events affiliated with the CRYHA.

Revocation of membership privileges does not eliminate the child's share of their team's cost. The responsible parent or guardian will continue to be responsible for their child's share of the team's ice bill, referee fees, etc.

In addition, delinquent accounts during the season may be subject to an additional 5% penalty of the outstanding balance.

All outstanding balances at the end of the season may be subject to an additional 10% penalty and must be paid by June 15, 2010.

Individuals will not be allowed to register for the next season without paying off the delinquent amount, or have made satisfactory arrangements with the CRYHA for payment of the delinquent amount.

Non-returning players with outstanding balances may be subject to collections and reporting to the credit bureaus, unless satisfactory arrangements have been made with the CRYHA for payment of the delinquent amount.

I/we understand and agree to the above terms and conditions:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

## FOR ORGANIZATIONAL USE ONLY

Payment	Check Number	Date Received
\$	#	

**Payment Plan:**