



COON RAPIDS YOUTH HOCKEY ASSOCIATION
TEAM MANAGER REGISTRATION
2009-2010

Team/Level _____
(Please specify: Squirts B1, Mites A2, etc.)

Please print clearly

Name: _____ Date of Birth: _____

Sex: Male Female Citizenship: _____

Address: _____
Number and Street City Zip Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Please complete and attach the following:

- 1. Minnesota Hockey Confidential Screening and Consent Form – your full name – no initials or nicknames - and social security number are required.**

MUST BE COMPLETELY FILLED OUT, SIGNED AND WITNESSED TO BE ACCEPTED.\

- 2. Waiver of Liability, Release of Assumption of Risk and Indemnity Agreement**

- 3. Consent to Treat**

Please return your completed Manager Registration packet to Heidi Keller ASAP.

DO NOT WRITE IN THIS SPACE

FORM _____ BCA+ _____ 4A _____ 4B _____
COMMITTEE _____ APPEAL _____

FORM MUST BE FILLED OUT COMPLETELY
OR APPLICANT SHALL BE DISQUALIFIED
APPLICANT MUST PROVIDE SSN

WHERE WILL YOU COACH OR REFEREE?

Hockey Association _____ MH District _____
(Do not abbreviate name)

MINNESOTA HOCKEY (MH) CONFIDENTIAL SCREENING AND CONSENT FORM

Applicant's Full Name (please print) _____

First Middle Last
Maiden, Alias or Former Name (please print) _____ Telephone number (____) _____

Birth Date (MM/DD/YYYY) ____/____/____ Gender: M ___ F ___ Social Security Number _____
(REQUIRED)

Current Address _____
Street & No. City State Zip

Prior Address if less than 10 Years in MN _____
Street & No. City State Yrs. of Residence

Attach separate sheet if additional space is needed.

Email address for hockey contact _____@_____

What positions do you anticipate holding in the next 12 months? Mark all that apply.

Coach _____ Manager _____ MH Officer/Board/Committee Member _____

Local or District Officer/Board/Committee Member _____ On-ice Official _____

→ ARE YOU A 1ST YEAR COACH/OFFICIAL? YES ___ NO ___

→ DID YOU COACH WITH THE SAME ASSOCIATION LAST YEAR? YES ___ NO ___

PLEASE NOTE THAT INFORMATION OBTAINED WITH THIS CONSENT FORM RELATING TO BACKGROUND CHECK CRIMES (AS DEFINED ON THE REVERSE SIDE) OR CRIMES INVOLVING THEFT OR DISHONESTY MAY BE DISCLOSED BY MINNESOTA HOCKEY TO ITS AFFILIATE ORGANIZATIONS AND MAY BE USED TO DETERMINE ELIGIBILITY TO PARTICIPATE IN MINNESOTA HOCKEY ACTIVITIES ACCORDING TO MINNESOTA HOCKEY BYLAWS AND POLICY.

1. Do you authorize Minnesota Hockey or related organizations to obtain criminal background check information about you from relevant law enforcement agencies or other screening services? Failure to do so will disqualify you from participation in activities of MH or organizations associated with MH.	1. YES ___ NO ___
2. <u>Have you been convicted</u> of any of the crimes referenced in Minnesota Statutes Chapter 299C, (see list of crimes on reverse side) regardless of where they may have occurred or under which laws they may have been charged or prosecuted? (If you have been convicted, please attach a description of the crime and the particulars of the conviction.) READ AND ANSWER THIS QUESTION CAREFULLY!	2. YES ___ NO ___
3. a) Have you ever been held liable for civil penalties or damages involving sexual or physical abuse of children?	3.a YES ___ NO ___
b) Have you ever been subject to any court order involving sexual abuse or physical abuse of a minor, including, but not limited to, a domestic order for protection?	3.b YES ___ NO ___
c) Have you ever had your parental rights terminated for reasons involving sexual or physical abuse of children?	3.c YES ___ NO ___
If your answer is "YES" to 3 a), b) or c), please attach a description of the facts and the particulars of the case.	
4. Has any of the information entered on this form changed since your last application?	4. YES ___ NO ___
5. Do you authorize Minnesota Hockey to obtain updated criminal background check information about you for so long as you are actively participating in activities of MH or organizations associated with MH? Failure to do so will disqualify you from participation.	5. YES ___ NO ___

BEFORE SIGNING BELOW, BE SURE THAT YOU HAVE CHECKED YES OR NO TO EVERY QUESTION ABOVE AND COMPLETED ALL REQUIRED INFORMATION.

Signature of Applicant _____ Today's Date _____

Signature of Witness _____ Today's Date _____



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.



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 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
<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.