

Registration Instructions

IN ORDER FOR A PLAYER TO PARTICIPATE, ALL OF THE FIVE CORRECTLY COMPLETED FORMS BELOW AND A CHECK FOR ½ OF THE FEE MUST BE RECEIVED BY 9/19/09. IF THE FEES ARE NOT PAID IN FULL BY 12/04/09, THE PLAYER WILL BE IMMEDIATELY SUSPENDED UNTIL FEES ARE PAID IN FULL.

- **GGHO Registration Form**

- **USA HOCKEY INDIVIDUAL MEMBERSHIP REGISTRATION**

Go to www.usahockeyregistration.com to register and become a member of USA Hockey for the 2009/2010 season. Registration with USA Hockey is REQUIRED to participate in any of GGHO's programs. This fee is used towards the purchase of supplemental medical insurance for your child, along with the other benefits provided through USA Hockey. The bar code that is you receive must be submitted to GGHO for registration. **Your child is not registered unless this is received.**

- **USA Hockey consent to treat/ Medical History form**

Each player needs this form. Do not fill in the names of two or three of your children on the same form. Please include the Name of the Insurance Company and the ID number. Both player and parent must sign this form.

- **USA HOCKEY Code of Conduct / GGHO Code of Conduct**

Player and parent must sign date and return form.

Return all 4 forms and ½ the Required Fee (by 9/19/2009) to:

GGHO Registrar

PO Box 168

Geneva, NY 1445

IMPORTANT: PLEASE SUBMIT UPDATED E-MAIL ADDRESSES

GENEVA GENERALS HOCKEY ORGANIZATION

REGISTRATION AGREEMENT

20\$- – 20%\$ SEASON

Player Name: _____ Date of Birth: ____/____/____
(Last Name) (First Name)

Address: _____
(Number and Street) (City/Town) (Zip)

Parent/Guardian Name: _____

Home Tel: (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail-1 _____

E-mail-2 _____

Emergency Contact: _____ (Phone/Relationship) _____

Registration Fees (Circle Age as of Dec. 31, 2008):

Initiation *	\$100.00
In-House*	\$150.00
Mites (8 & Under)	\$235.00
Squirts (9-10)	\$480.00
Pewees (11-12)	\$495.00
Bantams (13-14)	\$525.00
Midgets (15-18)	\$550.00
Midget Split Season	\$325.00

Mandatory fees for league/sectional tournaments are included.
Any other tournaments are responsibility of the individual team.

Half of the registration fee is due **SEPTEMBER %th** and the remaining amount **MUST** be paid by **DECEMBER (st. Those players with an outstanding balance on December)** **WILL NOT be allowed on the ice until the balance is received.** I understand that failure to remit payment by the dates specified will constitute suspension of player and will result in my account being turned over for collection.

* GGHO offers an equipment loaner program for Initiation and In House players for a refundable deposit of \$100.00. Equipment is distributed in a first come, first serve basis. Deposit will be refunded only after all equipment is returned and in good condition.

I hereby understand, agree to abide by and support the current USA Hockey rules of play, personal conduct, and terms and conditions for membership.

II. REGISTRATION

I approve registration of the above named individual to participate in the GENEVA GENERALS HOCKEY ORGANIZATION.

III. RISK OF SERIOUS INJURY

I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. I agree, in the event of injury, to waive any and all claims against USA Hockey, the GENEVA GENERALS HOCKEY ORGANIZATION, the City of Geneva, or organizers, sponsors, supervisors, and officials of the above named organizations. I declare that, to the best of my knowledge, there are no restricting physical conditions that should be called to the attention of the League, except: _____(please list)

IV. AGREEMENT OF RESPONSIBILITIES

I accept full responsibility for all fees incurred by the participant. I accept full responsibility for all equipment which might be issued and agree to reimburse the League for all such equipment not returned at season's end.

V. AUTHORIZATION FOR SERVICES

I hereby give consent for USA Hockey and the GENEVA GENERALS HOCKEY ORGANIZATION and member teams to provide the participant with emergency medical care as warranted and associated with participation on a member team during sanctioned events. Permission is granted that, in the event of injury, and in the absence of a parent or guardian, the participant may receive such medical attention.

VI. PROMOTIONS

I hereby authorize USA Hockey/The GENEVA GENERALS HOCKEY ORGANIZATION and its member teams to utilize the participant's name and/or photographic representation in the promotions of their programs.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

VOLUNTEERING: I understand that the GENEVA GENERALS HOCKEY ORGANIZATION is volunteer-based. It is very important for every member to participate by volunteering some time to help.

Zero Tolerance Policy: The GENEVA GENERALS HOCKEY ORGANIZATION and the Geneva Recreation Department adhere to the USA Hockey Zero Tolerance Policy. On-ice officials will stop the game when parents/spectators inappropriate behavior interferes with other spectators or participants of the game. The officials will identify the violators to the coaches for the purpose of removing the parents/spectators from the viewing area. Once removed, play will resume – lost time will not be replaced. Violators may be subject to further disciplinary action by the local governing body. This inappropriate behavior shall include:

Using Obscene or vulgar language

Taunting players, coaches, officials or other spectators

Throwing any object in the spectator viewing area, players bench, penalty box or the ice surface that in any manner creates a safety hazard.

Any violators will be escorted from the facility and not allowed to return until the next day. Please enjoy the game and support all players, coaches and ice officials.

VII. SIGNATURES

I understand and agree to respect all these conditions of participation in USA Hockey/ GENEVA GENERALS HOCKEY ORGANIZATION programs.

Signature: _____ Date: _____

Relationship to Player: _____



USA HOCKEY CONSENT TO TREAT

This is to certify that on this date, I _____,
(parent or guardian)
as parent or guardian of _____,
(athlete)
consent to USA Hockey and its medical representative to obtain medical care
from any licensed physician, hospital, or clinic for the above-mentioned athlete,
for any injury that could arise from participation in USA Hockey activities.

USA Hockey provides excess accident coverage with a \$250 deductible
with no other "collectable" insurance and \$100 deductible with other "collectable"
insurance.

If said athlete is covered by any insurance company, please complete the
following:

Name of Carrier _____

Address _____

Policy Number _____

Signed _____

Relationship to athlete _____

Home Address _____

Phone _____ Date _____

MEDICAL HISTORY FORM

Name: _____

Date: _____

Address: _____

Birthdate: _____

Phone(s): Day _____ Evening _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____

Phone(s): _____

Relationship: _____

Physician's Name: _____

Phone(s): _____

Hospital of Choice: _____

PLEASE ANSWER 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 the back.)

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

Specify: _____

Injuries to:

Shoulder	YES	NO
Knee	YES	NO
Ankle	YES	NO
Fingers	YES	NO
Arm	YES	NO
Other _____	YES	NO
Poor vision	YES	NO
Poor hearing	YES	NO

Other: _____

Have you had a recent tetanus booster? If so, when? _____

Are you currently taking any medication? What? Why? _____

Has the doctor placed any restrictions on your activity? Explain. _____

Signed: _____

(athlete)

(parent or guardian)



**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 200J-20F€ 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: _____

GENEVA GENERALS HOCKEY ORGANIZATION (GGHO)

PARENTS AND COACHES CODE OF ETHICS

It is the duty of all concerned with GGHO:

1. To emphasize the proper ideals of sportsmanship, ethical conduct, and fair play
2. To eliminate all possibilities which tend to destroy the best values of the game.
3. To stress the values derived from playing the game fairly
4. To show cordial courtesy to visiting teams and officials.
5. To establish a happy relationship between visitors and hosts.
6. To respect the integrity and judgment of the sports officials.
7. To achieve a through understanding and acceptance of the rules of the game and standard of eligibility.
8. To encourage leadership, use of initiative, and good judgment by the players on the team.
9. To recognize the purpose of the athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
10. To remember that an athletic contest is only a game, not a matter of life or death for a player, coach, official, fan, community, state or nation.

CODE OF CONDUCT FOR ATHLETES

1. There will be no use of any form of alcohol
2. There will be no smoking permitted.
3. There will be no use of drugs in any form unless prescribed by a physician.
4. Athletes are responsible for their conduct in regards to public property such as: locker rooms, ice arenas, etc.
5. Proper respect for coaches, teammates, opponents, and all representatives of GGHO.
6. Proper respect for all equipment and facilities home and away.
7. To represent Geneva, NY and GGHO in a proper manner.

**FAILURE TO ADHERE TO RULES WILL RESULT IN REVIEW AND POSSIBLE
SUSPENSION OR TERMINATION FROM PROGRAM.**

AGREEMENT FOR PARTICIPATION/ ACKNOWLEDGEMENT

Parent/guardian Responsibility and Agreement

As the parent/guardian of this athlete, I recognize that participation in GGHO is a privilege. My child and I have reviewed all these rules and or obligations. Any violation of these rules or obligations is subject to a warning or reprimand, temporary suspension from the squad, or ineligibility from the organization for a longer period of time

Players Responsibility and Agreement

As a participant in the Geneva Generals Hockey Organization, I promise to do all that is required of me. I agree to abide by all the rules of the organization and if not I understand that I could lose my eligibility either temporarily or permanently, and could restrict my opportunity to participate in the future

SIGNATURE OF

PLAYER _____ **DATE** _____

PARENT _____ **DATE** _____



Enter to win a free hockey season!

Pay \$10 for a chance to enter a raffle to win a free registration for the 2009/2010.

Player Name _____

Address _____

Phone _____

One chance per player only – this must be paid for before September 19th 2009 registration day.