



**BRATTLEBORO HOCKEY ASSOCIATION (BHA)**  
DEVELOPING GOOD SPORTS SINCE 1976

**2008-2009 Registration**

My son/daughter \_\_\_\_\_, whose birth date is \_\_\_\_\_ looks forward to being a member of the BHA \_\_\_\_\_ team for the upcoming 2008-2009 season. I recognize that playing ice hockey presents the possibility of injury. I give my permission for the above-named skater to participate in any and all of the activities of the hockey program. I assume all risks and hazards incidental to these activities. I do hereby further release from liability, absolve, indemnify and hold harmless the Brattleboro Hockey Association, its directors, officers, sponsors and coaches.

I agree to pay in full for the season by the end of the calendar year, 2008. Along with the BHA registration, [www.brattleborohockey.org](http://www.brattleborohockey.org) you will also need to complete the USA Hockey registration online for the 08-09 season. Go to, [www.usahockey.com](http://www.usahockey.com). Once registered and having paid the 2008-2009 \$30 USA Hockey Individual Membership Registration (IMR) fee, and a State fee, of \$1 or \$2, depending on State, submit the BHA registration papers, payment and the USA Hockey receipt to the BHA registrar, Denise Perkins [rdperkins@verizon.net](mailto:rdperkins@verizon.net) or 261 Sunset Lake Rd. Brattleboro, VT 05301.

**Permission to Use Images**

I, \_\_\_\_\_, grant permission for images taken during the 2008-2009 season of my daughter/son \_\_\_\_\_ to be used by the BHA for publicity and/or award purposes. I have read and understand the above registration agreement.

\_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) Signature

Parent name:	Parent name:
Billing address: yes no (please circle one)	Billing address: yes no (please circle one)
Address	Address
Town, State	Town, State
Zip	Zip
Phone	Phone
E-mail	E-mail

**BHA Teams: (please check)** \_\_\_\_\_ Girls \$500.  
 \_\_\_\_\_ Learn to Skate/Development program \$125. \_\_\_\_\_ Squirts GSL \$825.  
 \_\_\_\_\_ Mite Minor \$350. \_\_\_\_\_ Pee Wees GSL \$900.  
 \_\_\_\_\_ Mite GSL \$725. \_\_\_\_\_ Bantams GSL \$950.  
 \_\_\_\_\_ **Non-resident fee \$15.00 (towns other than Brattleboro)**

USA Hockey Age Classifications	
Mites	01/01/00 & after
Squirts	01/01/98 - 12/31/99
Pee Wees	01/01/96 - 12/31/97
Bantams	01/01/94 - 12/31/95
Midgets	01/01/90 - 12/31/91
Girls	01/01/98 & after
Learn-to-Skate/ Development Program ... All ages	

The BHA is a member of the Greater Springfield League (GSL) based in Springfield, MA. If not in the GSL league, games are scheduled independently in VT and the region by the team.

**Paid check #** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Date** \_\_\_\_\_

**P.O. Box 1, Brattleboro, VT 05302 802 257-8078 [info@brattleborohockey.org](mailto:info@brattleborohockey.org)**



**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 2008-2009 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/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.

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

#### 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.