



# 2009-10 Travel Team Tryout Registration

**Cost\*: \$100 - All levels / \$75 Early Bird (pre-register and save \$25)**

Payment form follows. Make checks payable to "ICE COUGARS".

**A copy of the players birth certificate and proof of current USA Hockey membership, along with completed Ice Center Waiver, USA Hockey Code of Conduct and USA Hockey Consent to Treat forms, and the full tryout fee are REQUIRED for a player to participate in the Team Tryouts. NO EXCEPTIONS!**

P L A Y E R  I N F O	<b>Player's Name:</b> _____			
	Birth date:	_____	Ht:	_____
			Wt:	_____
			Shoots:	_____
	Player's E-Mail Address:	_____		Player's Cell :
		_____		_____
	US Citizen:	<b>Yes</b>	<b>No</b>	(If <b>No</b> , proof of legal residency must be provided)
	Position Preference:	Goalie	Forward	Defense
	Tryouts registering for:			
	2009-10 Division:	(Birth Year)	Pee Wee	(1997-98)
	Mite (2001 or after)	Bantam	(1995-96)	
	Squirt (1999-2000)	Midget	(1991-94)	
		16U eligible		
2008-09 Team:	_____	Division:	_____	
	City: _____	Level:	_____	
		Head Coach:	_____	
2007-08 Team:	_____	Division:	_____	
	City: _____	Level:	_____	
		Head Coach:	_____	

P A R E N T  I N F O	<i>(Player's primary residence)</i>			
	1. Parent/Guardian Name:	_____	Work Phone:	_____
		E-Mail Address: _____	Cell Phone:	_____
		Address (# and Street): _____	Home Phone:	_____
		City, State, Zip: _____		
	2. Parent/Guardian Name:	_____	Work Phone:	_____
		E-Mail Address: _____	Cell Phone:	_____
		<i>(if different from above)</i>		
		Address (# and Street): _____	Home Phone:	_____
		City, State, Zip: _____		
Would your family be willing to volunteer for any of these positions?				
	Team Manager	Team Parent		
	Assistant Coach	Friends of the Cougars Representative		
	Team Web Page	End-of-Season Banquet		

For Office Use Only			
USA Hockey Registration:	<b>Yes</b>	Number	<b>No</b>
Birth Certificate Received:		Proof of Residency Received:	
Payment Received by:		Date Received:	
Type of Payment:			
Division:		Signed Waiver Received:	
Jersey and Number for Tryouts			

\* This fee covers the opportunity to tryout for the Cougars, and is non-refundable regardless of how many tryout sessions a player participates in for whatever reason.



Cougars 2009/10 Team Tryouts

**WAIVER, PARENTAL WAIVER AND RELEASE OF LIABILITY**

PLEASE READ CAREFULLY

I, the undersigned, parent or legal guardian, acknowledge the inherent risk involved in ice skating, and all sports relating thereto. Accordingly, in consideration of myself, or my child being allowed to participate in any skating activities and/or other activities at Ice Center, I agree to the following:

**1. I ACKNOWLEDGE AND FULLY UNDERSTAND THAT I (or child) WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY WHICH MIGHT RESULT NOT ONLY FROM MY (or child) ACTIONS, BUT ALSO FROM THE ACTION, INACTION OR NEGLIGENCE OF OTHERS; AND FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE.**

**2. ON BEHALF OF MYSELF (or my child), I AGREE TO ASSUME ALL THE FOREGOING RISKS AND ACCEPT PERSONAL RESPONSIBILITY FOR MY OWN DAMAGES FOLLOWING SUCH INJURY.**

**3. ON BEHALF OF MYSELF (or my child), I RELEASE, DISCHARGE, WAIVE AND COVENANT NOT TO SUE ICE CENTER ENTERPRISES LLC, AND ALL THEIR RESPECTIVE AGENTS, AFFILIATES, ASSOCIATES, OFFICERS, DIRECTORS, OWNERS, AND EMPLOYEES (COLLECTIVELY "RELEASEES") FROM DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF ANY INJURY, DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY RELEASEES OR ANY OTHER PARTY'S ACTIONS, INACTION, OR OTHERWISE; AND AGREE TO INDEMNIFY RELEASEES FROM ANY AND ALL THIRD PARTY CLAIMS CAUSED IN WHOLE OR IN PART BY MY (or child) ACTIONS.**

I have read the above Waiver and Release, and understand that by signing below, I have given up substantial rights on behalf of myself or my child.

Name of Participant (printed): \_\_\_\_\_

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

Name of Parent or Legal  
Guardian (printed): \_\_\_\_\_

Date: \_\_\_\_\_



**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 2009-2010 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?

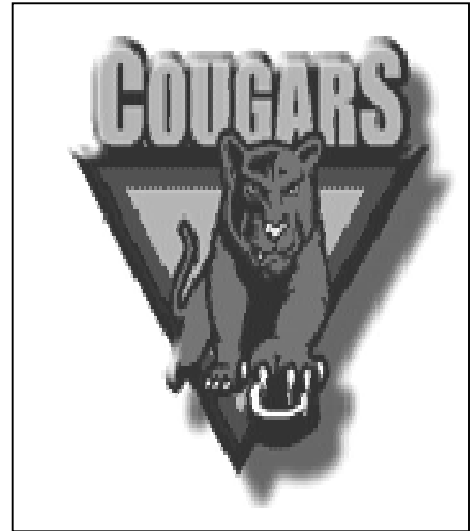
Have you had a recent tetanus booster?  Yes  No If yes, when? \_\_\_\_\_

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.

# ICE COUGARS 2009/10 TRYOUT PAYMENT FORM

Players Name: \_\_\_\_\_  
 Age Level (i.e. Midgets) : \_\_\_\_\_  
 Cardholders Name: \_\_\_\_\_  
 Card Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_



**Total Cost: \$100.00**      CHECK       CREDIT CARD       CASH   
 (Early Bird Pre-Registration: \$75.00)



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**WE ONLY ACCEPT VISA OR MASTER CARD PAYMENTS. THE CARD NUMBER MUST BEGIN WITH A 4 OR 5.**

Card Verification Number: \_\_\_\_\_ (REQUIRED)      Amount to Charge: \$100  
 (3 digit number located on the back signature strip of the credit card)      (Mites, Squirts, Pee Wee: \$75)

Expiration Date: \_\_\_\_\_ (REQUIRED)

I hereby authorize the Ice Cougars to charge my credit card for the amount indicated above:

Signature of Cardholder \_\_\_\_\_

**Payment Forms must be received at the first tryout. Please complete the form prior to arriving at tryouts in order to minimize time waiting in line for the paperwork completion.**

Please mail Early Bird registration packets to:

Cougars Registrar  
 c/o Teresa Attebery  
 14892 Ridgetop Drive  
 San Jose, CA 95127