



USA Hockey National Championships 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 \$50,000, 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: _____

City: _____ State: _____ Zip Code: _____

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.

USA HOCKEY
PARTICIPANT CODE OF CONDUCT

Print Name of Participant:_____

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.
5. There will be no drinking, smoking, chewing of tobacco, or use of illegal substances at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rinks, hotels, restaurant, etc.) during any team function.
7. I understand that players or team officials who cannot abide by these rules or who violate them will be subject to further disciplinary action.

I have read and signed this form as a member of the TUPPER LAKE team participating in USA Hockey for the 2021-2022 playing season.

Player Signature:_____Date_____



Tupper Lake Hockey Association

P.O. Box 632, Tupper Lake, NY 12986

Parent's Code of Conduct - Adopted from USA Hockey Code of Conduct

It is expected that all Tupper Lake Youth Hockey parents observe the following principles:

- Children are involved in organized sports for their enjoyment. I will encourage and support my child's desire to play his/her chosen sport but will not pressure him/her into participating.
- I will remember that the game is fun. I will not taunt or disturb other fans, or embarrass my child by yelling at players, coaches, or officials.
- I will support and promote Fair Play by encouraging my child to play by the rules. I will display good sportsmanship by applauding a good effort by both teams in victory and defeat, and respecting players, coaches, and officials.
- I will remember that "wins" are based on my child's performance, teamwork, and playing within the rules.
- I will recognize the importance of volunteer coaches and will take the time to attend team meetings to get to know my child's coach's philosophy, expectations, and guidelines. I will communicate with my child's coaches and support them.
- I understand that when my child is on the ice, the coaches do the coaching. I will not yell instructions to my child from the sidelines or give my child instructions counter to those of the coach.
- I understand that it is my role to teach my child sportsmanship, how to deal with success and failure, and to support my child's development in the game.
- I will strive to become knowledgeable about the rules of the game and support the official's decisions on and off the ice.
- I understand the importance of skill development. For the lower age groups, I will remember that practices benefit my child more than games and competition.
- I will respect locker rooms as private areas for players, coaches, and officials.
- I will not place unreasonable expectations on my child.

I have read and understood the principles stated above that were put forth by Tupper Lake Youth Hockey. I agree to abide by those principles with the understanding that if I do not follow them I may be asked to leave any practice, game, or event.

Parent Signature _____ Date _____

Print Parent Signature _____

Player(s) Name(s) _____

<input type="checkbox"/> COACH	<input type="checkbox"/> PLAYER	LEGAL NAME	LAST		FIRST		MI				
MAILING ADDRESS							DATE OF BIRTH	MM	DD	YY	
CITY							STATE		ZIP CODE		
PARENT NAME	LAST		FIRST		MI						
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	E-MAIL _____								
PHONE							CITIZENSHIP	<input type="checkbox"/> U.S.	<input type="checkbox"/> Canada	<input type="checkbox"/> Other _____	



USA Hockey Concussion Information and Acknowledgment



All sports and free play are associated with risk for a concussion, including playing, officiating or participating in ice hockey. It is important that all participants and parents learn about concussion prevention, recognition, treatment and return to play.

A concussion is a type of traumatic brain injury—or TBI—caused by a bump or blow to the head or by a hit to the body that causes the head and brain to move quickly back and forth. Bouncing or twisting of the brain in the skull can cause chemical changes and sometimes stretching of the brain cells. A concussion disrupts the way the brain normally works. Most concussions are mild, but all concussions should be taken seriously because permanent brain damage and death can occur from another injury. A concussion may be difficult to recognize. A person does not have to be “knocked-out” to have a concussion. Less than 10% of persons concussed actually lose consciousness. Signs and symptoms may show up right after the injury or can take hours or days to fully appear.

If a person reports one or more symptoms or demonstrates any signs of concussion after a blow to the head or body, s/he should be kept out of practice, play or training immediately and referred to a health care professional with experience in concussion management. A concussed brain needs time to heal and the person is much more likely to have another concussion if they return too soon. Repeat concussions are usually more severe and take longer to heal. Return to play or

officiating is allowed only after the individual is without symptoms, has progressed through the USA Hockey concussion protocol and is cleared by the health care professional.

USA Hockey provides all participants with information and educational materials about concussions, including the risk of sustaining a concussion, how to minimize these risks, concussion signs and symptoms, and USA Hockey’s program for returning to play following a concussion. USA Hockey’s Concussion Management Program can be found on the USA Hockey website at: usahockey.com/safety-concussions.

By checking the box and placing my initials in the box below, participant, and participant’s parent(s) or legal guardian(s) if participant is a minor, hereby acknowledges (1) that I have had the opportunity to review information on concussions provided by USA Hockey, including the signs and symptoms of a concussion, (2) that participating in the sport of ice hockey involves the risk of sustaining a concussion and that I knowingly, freely and fully assume all such risks, (3) that any participant suspected of possibly sustaining a concussion will be removed from practice or competition (and that I will remove myself from practice or competition) and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions, and (4) that I shall follow USA Hockey’s Post-Concussion Return to Play Protocol and any applicable state law prior to returning to play.

PARTICIPANT SIGNATURE

Age _____ Date Signed _____

PARTICIPANT NAME *(please print)*

PARENT/GUARDIAN SIGNATURE *(if participant is 17 years of age or younger)*

Date Signed _____

This form must be signed on Both pages for registration to be complete.



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement



IT IS THE PURPOSE OF THIS AGREEMENT FOR THE PARTICIPANT (AND PARTICIPANT'S PARENT(S)/GUARDIAN(S), IF APPLICABLE) TO EXEMPT, WAIVE, RELEASE AND RELIEVE RELEASEES FROM LIABILITY FOR BODILY AND PERSONAL INJURY AND ILLNESS, INCLUDING WRONGFUL DEATH, PROPERTY DAMAGE, AND ANY OTHER LOSS SUFFERED BY PARTICIPANT CAUSED BY OR ARISING FROM ANY NEGLIGENT ACT OR OMISSION, INCLUDING THE NEGLIGENCE OF RELEASEES, WHILE PARTICIPATING IN ANY USA HOCKEY ACTIVITY OR EVENT.

"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.

By signing this Agreement, Participant acknowledges that Participant is of legal age, or, if under the age of 18, that Participant's Parent(s)/ Guardian(s) has/have read this entire Agreement and understands its contents. 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)/guardian(s) of Participant, if applicable) waives, releases, holds harmless, and relinquishes any and all claims and demands for liability and cause(s) of action, including for personal injury, illness, wrongful death, property damage, or any other losses incurred by Participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, including the premises, services or facilities, 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)/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) acknowledges, understands and agrees that the sport of ice hockey and USAH activities can be dangerous and involve inherent risks of injury, and assumes all risks relating to ice hockey and any member team activities, and understands 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 above. These risks and dangers include, but are not limited to, those arising from falls, collisions, being struck by pucks, sticks or other objects, and body contact with the ice, boards and other participants, including the risks of 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 in which Participant would normally participate. These risks and dangers further include risks of sickness arising from any and all communicable disease, germs, bacteria, viruses or infections, including without limitation the virus responsible for COVID-19, whether now known or later discovered. Participant (and Participant's parent(s)/guardian(s), if applicable) further acknowledges 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, a Releasee and/or others, are included within the waiver, release and relinquishment described herein.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledges, understands and assumes the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform maintenance, inspection, cleaning, disinfecting, 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 any Releasee.

As a condition of registration and membership in USA Hockey and participation in USAH member team activities, Participant (and Participant's parent(s)/guardian(s), if applicable) agrees to abide by and bound under the playing rules and governing regulations of USA Hockey, including the USA Hockey Bylaws and the mandatory dispute resolution and discipline provisions, as published in the current USA Hockey Annual Guide. Copies of the USA Hockey Bylaws, including the mandatory dispute resolution, discipline and arbitration clauses, are available from USA Hockey's offices or may be found at www.usahockey.com/annualguide. Any dispute, claim or cause of action regarding the terms of this agreement or its subject matter shall be brought (i) individually, without resort to any form of class or collective action, and without joinder or consolidation of claims of third parties, and (ii) exclusively in the manner provided in the applicable rules of USA Hockey (including, without limitation USA Hockey Bylaw 10).

As further consideration for registration and participation in USAH events and member team activities, Participant (and parent(s)/guardian(s) of participant, if applicable), hereby (1) consents and agrees that USAH, its licensees and designees may make video and/or audio recordings of and/or otherwise film, photograph or memorialize some or all of Participant's participation in such events and activities, and (2) grants to USAH, its licensees, designees, successors and assigns, a worldwide, perpetual, irrevocable, fully-paid, royalty-free, transferable and sublicenseable right and license to use, copy and disseminate Participant's image and personal attributes, and to modify and present same in any form, manner and media, now known or hereafter devised, for any purpose whatsoever.

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 any Releasee, 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 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, agrees that no oral representations, statements or inducements apart from this Agreement have been made, that they agree to and sign this document voluntarily, understanding that 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.

PARTICIPANT SIGNATURE

Age _____ Date Signed _____

PARTICIPANT NAME *(please print)*

Date Signed _____

PARENT/GUARDIAN SIGNATURE *(if participant is 17 years of age or younger)*