



2009-2010 CPYHA REGISTRATION INFORMATION

The time to register is now!! Enclosed is everything you need to register your skater with the Clifton Park Youth Hockey Association. By pre-registering your child you save money and the organization has a better handle on managing our ice commitments, number of teams per division, roster size and organizing tryouts.

PRE-REGISTRATION:

Pre-Registration begins May 1, 2009 and closes May 23, 2009. Only CPYHA players returning from the 2008-2009 season are eligible for pre-registration. After May 23, 2009 all skaters are eligible for registration and applicants are accepted on a first come-first serve basis. Forecasted levels in certain divisions indicate a high number of players. Due to a limited amount of ice time, division directors under the advisement of the CPYHA Board may wait list their age group at certain numbers. In the event there is a wait list, the date the wait list starts will be posted on the CPYHA webpage. If age group opens up again, this too will be posted on web page.

REGISTRATION PROCESS:

In order to be registered for the upcoming 2009-2010 season, you **MUST COMPLETE** the following:

- ⊙ Register online with USA Hockey at www.usahockey.com. **You must register with USA Hockey online before you can be registered with CPYHA.**
 - **NOTE: THE USA HOCKEY ON-LINE REGISTRATION FOR 2009/2010 IS NOT SCHEDULED TO BE LIVE UNTIL 5/1/2009.**
- ⊙ Print out the form and include the paper with the bar code with your CPYHA registration package.
- ⊙ Complete and sign the CPYHA registration form.
- ⊙ Read and sign the Waiver of Liability Releases.
- ⊙ Read and sign Code of Conduct and Zero Tolerance policy and review it with skater
- ⊙ Read the Fees, Assessments and Refunds form, check each box as read and understood, sign and return with all other paperwork.
- ⊙ Complete and sign Consent to Treat form
- ⊙ Include check payable to **CPYHA** for correct amount
- ⊙ All of the above, including the USA Hockey Confirmation needs to be submitted to the CPYHA Registrar.
- ⊙ Included is a multiple registration calculation form to be returned as if needed

Your registration will be returned to you if ALL steps are not completed properly and you will not be considered registered. Additionally, all outstanding assessments from last season must be paid in full for your registration to be processed.

GIRLS TEAMS:

CPYHA has girl's only teams. Each year the exact teams are determined by the number of girls by age and skill level that register. In the 2009/2010 season we expect to have at least a 12U Rec, 12UA, and 16U team. The teams other than the 12U Rec team will be full season travel teams. The 12U Rec team is intended to be a development team for girls newer to hockey or younger who want to be with the girls only. If we have enough players we may also form a 14U team. You need to register your daughter with CPYHA if she plans on playing on any of these teams.

Girls Only –If your daughter intends to play only on one of girl's teams, she needs to register with CPYHA. The registration fee for these teams is noted on the Fees and Assessment Document.

Girls also playing with co-ed teams - PLEASE NOTE, if your daughter is intending to play on a co-ed CPYHA team but is also interested in the girls program, please follow the regular co-ed procedures and simply make a note on your registration form regarding interest, no additional registration fee is needed in this situation.

PRESEASON SKILLS CLINCS:

CPYHA will be holding 1 hour skills clinics for all travel teams. Dates and times will be based on available ice at Clifton Park Arena. Clinics will be held in either late August or Early September. Check the CPYHA webpage at <http://eteamz.active.com/cpyha/>. This typically has a high level of participation, so watch the webpage over the summer and sign up early. **PREREGISTRATION IS REQUIRED FOR THIS CLINIC. DUE TO INSURANCE RESTRICTIONS, WALK ONS WILL NOT BE ACCEPTED.**

REGISTRATION DISCLAIMER:

CPYHA will make all reasonable efforts to insure all players receive a registration packet. Registration forms will be given to each family by team managers or Division Directors at a team meeting, located on our website and at Clifton Park Town Hall. Responsibility for registration on a timely basis remains the responsibility of parents. Missing a stated registration deadline could mean a player is shut out do to full rosters as determined by CPYHA. If space is available, any family moving to Clifton Park from outside of a 50 mile radius will qualify for our published Pre Registration rate.

COACHES:

In response to member's requests CPYHA now strives to name our A coaches in early April. By naming the A level coaches early the board believes maximum flexibility is provided to all families wishing to play in Clifton Park. Clifton Park Youth Hockey will be making every attempt to name A level coaches by Monday, April 13, 2009 for our 2009-2010 season. Please check the website on April 13th for this year's A level coaches.

FUNDRAISING:

CPYHA, at its discretion, may run a mandatory fundraiser each season that every family is required to participate in at ALL travel levels. Fundraisers are done with the intent of helping with the ice costs associated with the travel programs. The actual fundraisers are subject to change with Board approval.

CLIFTON PARK YOUTH HOCKEY REGISTRATION FORM 2009 – 2010 SEASON

Please complete the information below. **ALL** information is required. Any missing information or registration fee will delay registration of player. Use 1 form per player.

Completed forms are to be mailed to:

Frank Suozzi, Registrar CPYHA
P.O. Box 686
Clifton Park, NY 12065

PARENTS AND PLAYERS OVER 10 YEARS OLD **MUST SIGN** THE WAIVER OF LIABILITY FORM.

GOALIE: **Yes / No** **If yes, years played as goalie** _____

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

HOME PHONE: _____ WORK: _____

PARENT (LEGAL GUARDIANS) NAMES: _____

EMAIL ADDRESS: _____

REGISTRATION FEE ENCLOSED plus \$35.00 tryout fee if applicable: _____
(Please refer to cover letter explaining new fee structure and sibling discount)

HISTORY OF LEAGUE HOCKEY PLAY: (please list last 3 years)

ORGANIZATION	LEVEL (A/B/C/HOUSE)	AGE DIVISION

Your signature below indicates that you have read, understand and agree to abide by the conditions of the enclosed CPYHA Code of Conduct and Zero Tolerance. You also agree that you have read and understand and agree to be bound by the terms and conditions set forth in the enclosed Fees, Assessments and Refunds Form. This agreement is for a term of 1 year. All players and parents must sign. Parents should discuss the code and other documents with players who are too young to read themselves.

PARENT'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

PLAYER'S SIGNATURE: _____

Please circle the division you will be playing in for the 2009-2010 season. If a girl interested in playing co-ed and girls please circle both

MiniMite Mite Mite Travel Squirt Peewee Bantam

Midget Girls 12U Girls Only Co-ed
Rec Travel & Girls
(12, 14 or 16)

**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 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 there from 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.

Fees, Assessments and Refunds

Initial here: ____

REGISTRATION FEES:

CPYHA utilizes a sliding scale registration fee formula based on time of registration helping meet the needs of most families in our organization and minimize cost. The schedule is listed below with specific timelines. Returning members, please take advantage of pre-registration! Your registration fee (not including a \$35 jersey rental fee to be assessed in the fall) covers administrative costs, USA Hockey registration, and a \$150.00 dollar credit towards the individual player's team's ice costs. For siblings, a deduction of \$25.00 for each child after the first full registration may be applied. Example: A family with three registered players would be allowed to deduct \$25.00 for the second child and \$25.00 for the third child for a total family deduction of \$50.00.

Full time goalies from Mite Travel and up are required to pay the same registration fee as regular skaters. Goalies will receive a \$350.00 rebate of their registration fee in the form of ice assessment credit regardless of time of registration. Your \$350.00 credit will be applied by the treasurer on your team's October ice bill. Goalies are responsible for all additional ice assessments allocated evenly to all team members after this rebate credit is exhausted.

CHART 1-Registered with USA Hockey Directly and have confirmation receipt page

	Postmarked Or Logged By Registrar	Pre Registration	Early Registration	Open Registration	Space Permitting	Space Permitting
DIVISION	DATE OF BIRTH	Before 5/23	5/23– 6/23	6/24– 7/24	7/29 – 8/29	8/30 – 9/15
Mini-Mites ^④	1/1/02 and under	\$140 ^①	\$140 ^①	\$140 ^①	\$140 ^①	\$140 ^①
Mite House ^⑤	1/1/01 – 12/31/02	\$190 ^②	\$190 ^②	\$415	\$415	\$415
Mite Travel	1/1/01 – 12/31/02	\$315 ^⑥	\$415	\$515 ^⑥	\$515	\$615 ^③
Squirt	1/1/99 - 12/31/00	\$315	\$415	\$515	\$515	\$615 ^③
Peewee	1/1/97 – 12/31/98	\$315	\$415	\$515	\$515	\$615 ^③
Bantam	1/1/95 – 12/31/96	\$315	\$415	\$515	\$515	\$615 ^③
Midget Full	7/1/91 – 12/31/94	\$315	\$415	\$515	\$515	\$515
Midget B/A ^⑦	7/1/91 – 12/31/94	\$215	\$215	\$215	\$215	\$215
Girls Only ^⑧	12UA, 14U 16U	\$315	\$315	\$315	\$415	\$415
Girls Rec ^⑨	Rec	\$140	\$140	\$140	\$140	\$140

① second payment of \$140 by 1/5/2010

② second payment of \$190 by 9/1/09

③ Registration fee may be lower based on division director's review and recommendation to the executive board for approval

④ Learn to Skate Program (with hockey equipment), less than 2 years of skating experience

⑤ Beginner Hockey Program, 2 years of Mini Mite recommended

⑥ A balance or credit will be due if player does not make Mite Travel team

⑦ Before and After team is formed based on level of interest

⑦ Before and After registrants who do not make B/A can opt for the Midget Full team (space permitting) by paying the difference between the before/after registration fee and the full team registration fee corresponding to the time of registration for the before/after team in above schedule.

⑦ Before and After team members who wish to hold a spot on the full season team should include an additional \$100.00 check.

⑧ Age brackets for girls' teams will be determined based on the ages and numbers of registrants.

Assessments will be determined during the season. Girls' practices have typically started at the end of October.

⑨ Girls Rec will have an additional assessment to be determined by the number of players and costs incurred by the group. In 2008/09 the total cost was \$300 not counting tournament fees.

Initial here: ____

TRYOUTS FEES:

Co-ed Teams: If you are trying out for an A or B level travel team please include a **\$35 Tryout Fee** in addition to the registration fee for the first tryout. If you are not offered a position on your first tryout you are required to pay an **additional \$35** to try out for the next level, payable at the time of tryout. Tryout dates have not yet been scheduled. It is the responsibility of the skater to check posted dates on the CPYHA web page at <http://eteamz.active.com/cpyha/> or by contacting the registrar, Frank Suozzi at frank.suozzi@cooperindustries.com. Tryout Registration will be closed 1 week before actual tryouts. **DUE TO INSURANCE RESTRICTIONS WALK ONS WILL NOT BE ACCEPTED. PLAYERS MUST BE REGISTERED WITH CPYHA BEFORE TRYOUTS.**

Girl Teams: We most likely will have a tryout in September. No fee is required at this time, details will be communicated later.

Initial here: ____

MONTHLY ASSESSMENTS:

Total estimated annual costs for all travel teams including Mite Travel & Squirt level through Midget level can run from \$950 to \$1,500 for the season, but can vary higher or lower based on the number of players on a team and number of full ice practices. Assessments for all travel teams will begin in October and be due monthly. The first 3 monthly assessments will be set by the organization. The amounts for the 2009-2010 year are: Mite \$200, Squirt \$250, Pee wee \$250 Bantam \$300 and Midgets \$300. Individual teams will adjust their monthly assessment after the 3rd month based on the team's estimated expenses. **All players are responsible for the full season of assessments.** A refund may be requested in accordance with the Refund policy below.

NOTE: There will be ice assessments for the Girls program in 2009/2010 to be determined based on actual expenses against league sponsorship or other 3rd party funding sources.

Initial here: ____

REFUNDS:

By signing the Registration Form, you understand and agree that the Registration Fees, Try-out fees and Assessments are due, owing and must be paid by the registered player except in the following instance:

1. In the event CPYHA is unable to complete a roster, any affected skater will be given an immediate full refund of the Registration Fees and CPYHA will work with other organizations for player placement.
2. In the event a player suffers a season-ending injury prior to December 31, the player may submit to the Board of Directors, no later than January 2, a written request for a waiver of future assessments due and owing. The Board will consider all such requests at the regularly scheduled January Board meeting and issue a decision within one week following such regularly scheduled board meeting. Any other injury resulting in a request for refund or assessment credit will be handled on a case by case basis. No injury involving a time loss of less than 4 weeks will be considered as eligible for financial adjustments.
3. At any time, any player may submit to the Board of Directors a written request for a refund and/or waiver of future assessments based upon "extreme extenuating circumstances". Each request shall specify the relief sought and the facts which the player believes constitute extreme and extenuating circumstances.
 1. For **ALL requests made prior to December 1**, The Board of Directors will issue a decision within one week of the regularly scheduled December meeting. Any refund, if granted, will be issued after December 10th but not later than December 31.
 2. For all requests made after December 1, The Board of Directors will consider the request at the next regularly scheduled meeting and issue a decision and refund, if necessary, within one week of said meeting.

Date: ____ / ____ / ____

Signature: _____ (Parent or Guardian)

USA HOCKEY CONSENT TO TREAT

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:

Name of Insurance Company:

Address:

Policy Number:

Signed:

(parent/guardian or adult participant)

Relationship to Participant:

Home Address:

Phone: (_____) _____ 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 call Winnie Tharp, Marsh USA, Inc., (317) 261-9306.

To file an excess accident claim, call K&K, (800) 237-2917, ext. 5623.

(next, please)

MEDICAL HISTORY FORM
(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name: _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name:

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice:

PLEASE COMPLETE 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 a separate piece of paper.

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

Please specify: _____

Injuries to:

Shoulder

Yes No

Knee

Yes No

Ankle

Yes No

Fingers

Yes No

Arm

Yes No

Other: _____

Impaired vision

Yes No

Impaired hearing

Yes No

Other: _____

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

Are you currently taking any medications? _____ What? _____

Why? _____

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

Multiple Registration Calculation Form 2009 – 2010 SEASON

Player name	Division	Registration Amt	Multiple Player Disc (\$25)	Travel Tryout Fee \$35	Total
			N/A		
Total Payment					