

# Stoughton Youth Hockey Association

P.O. Box 351

Stoughton, WI 53589

www.stoughtonhockey.com



## 2011-2012 Registration Instructions

### REGISTRATION PROCEDURES:

- 1) All club members and coaching staff must register online with USA Hockey prior to registering with SYHA. Please go to <http://www.usahockeyregistration.com/> and follow the directions to register your player(s). The Fee is \$40 (\$30 goes to USA Hockey and \$10 goes to WAHA). Skaters under the age of 6 register free. Please print the USA hockey confirmation number page and submit it with your SYHA registration forms.
- 2) After registering with USA Hockey, complete the online registration with SYHA and pay by credit card through this link: <http://www.usahockey.com/LocalReg/Register.aspx?regId=407>
- 3) Print this full registration packet, complete, and mail to;  
SYHA – Registration, P.O. Box 351, Stoughton, WI 53589

### SYHA Registration

Following is the fee chart for the 2011-12 hockey season.

Division	Birth years	Fees	Fundraising *
Mini-Vikes	2005-2007	\$125	\$175
Mighty-Vikes (U-8 Cross Ice Participation)	2003-2004	\$250	\$175
Super-Vikes	1999-2002	\$125	\$300
Squirt	2001-2002	\$390	\$465
Pee Wee	1999-2000	\$440	\$515
Bantam/U18 (players who make the high school team will be refunded all but \$200 of their cash fees and raffle tickets)	1993-1998	\$440	\$515
Girls U-10 / U-12 Already Registered with SYHA	1999-2001	\$25	\$25
Girls U-10 / U-12 Not registered with SYHA	1999-2001	\$75	\$75
Girls U-14	1997-2001	\$440	\$515

\*Fundraising completed Jan. 1 to Dec. 31 will be credited to the 2011-12 season. Any fundraising not completed by the Dec. 31 deadline will be due in **cash** by January 15, 2012. Fundraising statements will be sent out by January 5, 2012.

**Before returning the registration packet:** Complete **all** of the following documents for *each player* you are registering. Skaters will not be able to participate at tryouts if the registration packet is incomplete.

- USA Hockey on-line membership confirmation page with barcode
- SYHA registration form
- USA Hockey Consent to Treat form (2 copies – for club records and head coach)
- Concession Stand Agreement form (and Buyout Agreement if buying out)
- Payment for cash fees and raffle tickets (indicate online, cash, or check)
- Birth Certificate if the skater is new to the club. (Squirt / U-10 level and up only)

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## 2011-12 Registration Form

<b>Skater Name:</b>		<b>DOB:</b>	<b>Age:</b>
<b>Address:</b>		<b>Birth cert. on file? Y or N</b>	<b>Yrs. in club:</b>
<b>City:</b>	<b>Zip:</b>	<b>School District:</b>	
Preferred Phone Number for Contact:			
Mother:		Emergency phone:	
Father:		Emergency phone:	
Preferred E-mail for Contact:			

**Skating level:** \_\_\_\_\_

(\*players who make the high school team will be refunded all but \$200 of their cash fees and raffle tickets.)

**Other questions:**

- Do you need to rent equipment?  Yes  No
- Do you plan on participating in the club's fundraising activities?  Yes  No
- Are you transferring from another club? If yes, which club? \_\_\_\_\_  Yes  No

If you are a new referral, please indicate the name of SYHA family member referring you? \_\_\_\_\_

<b>Payment worksheet*</b>	
Cash fee:	\$ _____
Fundraising balance due or credit from previous year: <small>(contact Kristin Gibbons – <a href="mailto:fundraise@stoughtonhockey.com">fundraise@stoughtonhockey.com</a> – for balance)</small>	\$ _____
Raffle tickets (per skater):	\$ 100.00
Concession Stand Buyout (if applicable \$350):	\$ _____
Early Bird Discount (August 1 – August 12 only; online or postmarked date):	\$ ( _____ )
Late fee \$100 (After Sept. 10; online or postmarked date New members are exempt.):	\$ _____
<b>Total due at registration:</b>	<b>\$ _____</b>

**Family participation is important to our club. Choose 2 volunteering options below to assist with this season:**

- Little Vikes Winter Festival (December)
- SYHA Table at a High School Game (November – February)
- March Thunder 3 on 3 Tournament (March)

**Method of Payment** (circle one): Registered Online Cash Check # \_\_\_\_\_

<b>Office use only:</b>
Reviews: ALD _____ Concession _____ Equipment _____ Jersey _____ Secretary _____ Treasurer _____
Team Assignment: _____ Jersey number _____ Raffle Ticket # _____

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## 2011-12 Concession Stand Agreement Stoughton Youth Hockey Association

- I have read the Concession Stand Policy for the 2011-12 season on the SYHA website and agree to work the required hours. (The total number of hours required will be posted after the registration period ends). I will pay SYHA any fines due if I do not meet my obligations. I understand no-show fines are **\$50.00 per hour**.  
**Failure to pay will forfeit skater's participation until paid!**

OR

- I have read the Concession Stand Policy for the 2011-12 season on the SYHA website and have chosen to buyout of working concession hours for the season for a flat fee of \$350.00 payable with my skater's registration fees. (Buyout Agreement must be signed at registration).

OR

- I am exempt from working concession hours for the 2011-12 season. Reason (i.e., head coach, board member): \_\_\_\_\_

\_\_\_\_\_.

Skater level(s) (please check all that apply):

- Mini-Vike
- Mighty Vike
- Super Vike
- Mite
- Squirt
- PeeWee
- Bantam / U-18
- Girls U-10
- Girls U-14

Skater name(s): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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## 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.

### EMERGENCY CONTACT

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

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

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 is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

Head Injury  
(concussion, skull fracture)

Fainting Spells

Convulsions/epilepsy

Neck or Back injury

Asthma

High blood pressure

Kidney problems

Hernia

Heart murmur

Allergies

Diabetes

Other: \_\_\_\_\_

#### 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

Has a doctor placed any restrictions on your activity?  Yes\*  No

\*If yes, please explain on back.

**2 Copies of the Consent to Treat form are needed:**  
**1 for Club Records and 1 for Team Medical Kit**

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