



***2009/10 Season**

- **Learn to Skate and Play Hockey**
 - Are you new to the sport of hockey? Are you five to twelve years old? Then this is where you start! Learn to skate and to play the COOLEST GAME on EARTH!
 - Players who are 13 years of age and older who would like to learn to play hockey should contact us at the Bill Collier Community Ice Arena.
- **Atom/Mite Team**
 - This team is for players with prior hockey experience who are ages five through eight with birthdates 2001 through 2004. These players will share the ice with the Learn to Skate and Play Hockey class.
- **Squirt/Peewee Team (ZCS Engineering)**
 - This team is for players with prior hockey experience who are ages nine through twelve with birthdates 1997 through 2000.
- **Bantam/Midget Team (Ice Hawks)**
 - This team is for players with prior hockey experience who are ages thirteen through eighteen with birthdates 1991 through 1996.
 - Team selection is by pre-season tryouts.

(541) 850-5758

www.klamathicesports.org

funontheice@klamathicesports.org

Please note that our age groupings can vary from season to season due to the number of participants. Our long term goal is to have a minimum of two teams per age division; each USA Hockey age division (Atom/Mite/Squirt/Peewee/Bantam/Midget covers two birth years.



2009-10 SEASON AGE CLASSIFICATIONS

USA Hockey Season: May 1, 2009 through April 30, 2010

YOUTH TEAMS

DATE OF BIRTH	AGE CATEGORY	AGE DIVISION
1991	18 Years	Midget 18 & Under
1992	17 Years	Midget 18 & Under
1993	16 Years	Midget 16 & Under
1994	15 Years	Midget 16 & Under
1995	14 Years	Bantam 14 or Under
1996	13 Years	Bantam 14 or Under
1997	12 Years	Pee Wee 12 or Under
1998	11 Years	Pee Wee 12 or Under
1999	10 Years	Squirt 10 or Under
2000	9 Years	Squirt 10 or Under
2001	8 Years	Mite 8 or Under

No USAH registration fee 2003 and younger
(6 & Under)

GIRLS' & WOMEN'S TEAMS

DATE OF BIRTH	AGE CATEGORY	AGE DIVISION
1990	19 Years	19 or Under
1991	18 Years	19 or Under
1992	17 Years	19 or Under
1993	16 Years	16 or Under
1994	15 Years	16 or Under
1995	14 Years	14 or Under
1996	13 Years	14 or Under
1997	12 Years	12 or Under
1998	11 Years	12 or Under
1999	10 Years	10 or Under
2000	9 Years	10 or Under
2001	8 & Under	8 or Under

No USAH registration fee 2003 and younger
(6 & Under)

Klamath Ice Sports Youth Hockey

Detailed Team Information

2009/10 Season

Director of Youth Hockey – Mr. Derek Martin

Learn to Skate and Play Hockey Class and Atom/Mite Team

- **Age Divisions**

- **LTS/Play** – This class is required for ALL NEW PLAYERS.
 - Ages 5 → 12; birth dates 1997 through 2004.
 - Ages 13 and older – please contact us.
- **Atom/Mite Team**
 - Ages 5 → 8; birthdates 2001 through 2004.

- **Fees**

- \$99 per seven week session

- **Dates and Times**

- **Session One** begins **Tuesday, November 10, 2009** and **Session Two** begins **Tuesday, January 19, 2010**.
- Tuesday and Thursdays, 5:00 p.m. to 6:00 p.m.
 - Players need to be completely dressed and ready to skate by 4:50 p.m.
 - It takes time to dress for hockey – please plan to arrive early. ☺

- **Equipment**

- Full protective equipment is required and rental equipment is included in the registration fee while supplies last.
 - **Equipment fitting is by appointment only – please call (541) 850-5758 ext. 7 to schedule.**
- Players must purchase their own mouth guard (for sale at the arena) and cup or pelvic protector.

- **Coaching Staff and Ice Time**

- This group shares the ice with the Atom/Mite team and will be coached by Brent Mc Carty and his apprentices.
 - Yes, the players will work towards scrimmaging at the end of each class!

- **What to Wear**

- Base Layer = long underwear (long sleeved shirt and pants) or long sleeved t-shirt and light weight sweatpants
 - All cotton fabrics are discouraged as they don't 'wick' moisture; synthetic fabrics are warmer and more comfortable.
- Skating socks – tall (to reach above the top of the skate boot), thin socks
 - Again, all cotton socks are discouraged as they don't 'wick' moisture and they don't provide much warmth.
- Practice Jerseys and hockey socks (worn over the shin pads to help keep them in place) are available for purchase.

- **What Else to Bring**

- Please bring a water bottle to every practice.

- **Supplemental Sports Accident Insurance**

- A supplemental sports accident insurance policy is included in the registration fee; this insurance is NOT designed to take the place of your regular medical insurance and is not a primary payer in the event of an injury.

- **How to Register**

- 1) Complete all the necessary paperwork.
- 2) Online Fee Payment – *The easiest way to pay your fees is to utilize our secure online registration site!*
 - a. <http://www.maxsolutionsonline.com/billcollier/Customr/HomePage.aspx>
- 3) **Pre-season In Person Registration, Equipment Swap, and Equipment Fitting Day**
 - a. Saturday, October 24, 2009
 - i. 10:00 a.m. to 4:00 p.m.
 - ii. Turn in your paperwork! Get fitted for equipment! Meet your coaches!

Squirt/Peewee Team - Sponsored by ZCS Engineering

- **Age Divisions**

- Ages 9 → 12/Birthdates 1997 - 2000.

- **Fees**

- Full Season = \$451 if paid in full by October 24th; \$474 if paid in five monthly installments of \$94.80 each (final payment is due no later than February 24, 2010).
 - This fee includes two clinics, practice and game ice, referees, practice jersey (to borrow), and one pair of hockey socks.
 - This fee does not include the USA Hockey/Oregon State Hockey Association fee of \$48 per player.
 - Please see information below regarding how to register with these organizations.
 - We hope to have an end of season tournament the weekend of March 12th – the tournament fee has yet to be determined and will be announced as soon as the information becomes available.

- **Dates and Times**

- Regular Season begins November 9, 2009 and ends March 10, 2010.
 - Clinics – Saturday November 14th and November 21st, 2009, 8:45 a.m. to 9:45 a.m.
 - Practices - Mondays and Wednesdays, 5:00 p.m. to 6:00 p.m.
 - Players need to be completely dressed and ready to skate by 4:50 p.m.
 - It takes time to dress for hockey – please plan to arrive early. ☺
 - Games – Home games (five) will take place on Saturday mornings. Away games are TBA and are not guaranteed, however we will work hard with neighboring arenas to try to schedule!

- **Equipment**

- Full protective equipment is required; equipment can be rented by appointment at the ice arena while the supply lasts.
- Players must purchase their own mouth guard (for sale at the arena) and cup or pelvic protector.

- **Coaching Staff and Ice Time**

- This group will be coached by Tyler Thompson and his apprentices.
- If team members are interested in purchasing additional practice or game ice they can do so by seeking approval from Coach Thompson and then by renting the ice (contact Suzette).

- **What to Wear**

- Base Layer = long underwear (long sleeved shirt and pants) or long sleeved t-shirt and light weight sweatpants
 - All cotton fabrics are discouraged as they don't 'wick' moisture; synthetic fabrics are warmer and more comfortable.
- Skating socks – tall (to reach above the top of the skate boot), thin socks
 - Again, all cotton socks are discouraged as they don't 'wick' moisture and they don't provide much warmth.
- The ZCS Team jerseys and one pair of hockey socks will be provided.

- **What Else to Bring**

- Please bring a water bottle to every practice and game.

- **Supplemental Sports Accident Insurance**

- **Each player must be registered by their parent/guardian with USA Hockey prior to stepping on the ice for the first time.** The USAH registration includes registration with Oregon State Hockey Association.

- Registration is done via the USA Hockey website: <http://www.usahockeyregistration.com/>

- Access the website above

- Choose member type

- Ice Player/Coach

- You must be 18 years of age to process a registration

- Check the box that acknowledges that you are 18 or older.

- Follow the prompts and fill in the data carefully.

- When you fill out your player's register information you will be asked for a "Participant Email Address (optional)" – PLEASE fill in our email address funontheice@klamathicesports.org

- By including our email address we will automatically receive proof of your registration and you will not have to bring us a printed copy of the registration!

- If you bypass this option, please bring us a copy of the USA Hockey registration complete with the printed 'bar code' before the first on ice session.
 - Process payment – VISA/MASTERCARD/DISCOVER or AMERICAN EXPRESS are accepted.
 - There will be a \$48 fee (\$30 to the national USA Hockey organization + \$18 to Oregon State Hockey Association) charged at the time you register online.
 - You may print your Confirmation page at this time. It will also be emailed to you immediately after the registration is completed.
- **How to Register**
 - 1) Complete all the necessary paperwork.
 - 2) Make a copy of your player's birth certificate and return with the paperwork.
 - 3) Pay your fees – Please utilize our secure online registration/fee payment site!
 - a. <http://www.maxsolutionsonline.com/billcollier/Custom/HomePage.aspx>
 - 4) **Pre-season In Person Registration, Equipment Swap, and Equipment Fitting Day**
 - a. Saturday, October 24, 2009
 - i. 10:00 a.m. to 4:00 p.m.
 - ii. Turn in your paperwork! Get fitted for equipment! Sell/Buy used equipment! Meet your coaches!

Bantam/Midget Team (High School Varsity) - Ice Hawks

- **Age Divisions**
 - Ages 13 ⇨ 18/Birthdates 1991 - 1996.
- **Fees**
 - Full Season = \$682 if paid in full by October 24, 2009 or \$718 if paid in five monthly installments of \$143.60 per month (final payment is due no later than February 24, 2010).
 - This fee does not include the USAH/OSHA fee of \$48 per player – players must register themselves.
 - Fees are subject to change based upon what the Rogue Valley Youth Hockey Association charges us; this information is currently unavailable.
- **Dates and Times**
 - Regular Season begins November 7, 2009 and ends March 6, 2010.
 - Clinics – Friday, November 6, 2009 from 4:45 p.m. to 6:00 p.m.; Saturday November 14th and 21st 2009, from 10:15 a.m. to 11:30 a.m.
 - Tryouts – Monday and Wednesday, November 9th and 11th, 2009 from 6:30 p.m. to 7:30 p.m.; Friday, November 13, 2009 from 5:00 p.m. to 6:00 p.m.
 - Practices - Mondays or Wednesdays, from 6:30 p.m. to 7:30 p.m.; Fridays from 5:00 p.m. to 6:00 p.m.
 - Practice during Winter Break will be on Tuesday, December 22nd and 29th – time TBA.
 - Games – Home games (? eight) will generally take place on Friday afternoons at 4:30 p.m. or Saturday mornings at 10:00 a.m.; away games (? seven) are TBA and at the discretion of the RYHA.
 - Tournament – 3rd Annual Collier Challenge Cup – MLK Weekend 2010 – Eight Teams.
 - Playoffs – KIS will host the first round of playoffs this year! Schedule TBA.
- **Equipment**
 - Full protective equipment is required.
- **Coaching Staff and Ice Time**
 - This group will be coached by Brian Mc Carty and Charlie Erdman.
 - If team members are interested in purchasing additional practice ice they can do so by seeking approval from Coach Mc Carty and then by renting the ice (contact Suzette).
- **What to Wear**
 - The Ice Hawk Team jerseys and one pair of hockey socks will be provided.
- **What Else to Bring**
 - Please bring a water bottle to every practice and game.
 - Quick energy supplements such as GU or Hammer Gel or similar are recommended between game periods.

- **Nutrition**

- Players are encouraged to:
 - Eat balanced meals throughout the season and to give up carbonated beverages (i.e. soda pop)!
 - Before every practice/game –
 - Food – Avoid foods high in fat (they take longer to digest); eat protein rich foods (lean beef/chicken/pork; skim or low fat milk/yogurt; etc....)...they are easier to digest and will afford you with more quick and long lasting energy.
 - Hydrate yourself by drinking a quart of water approximately two hours before you hit the ice.
 - The evening before every game –
 - ‘Carbo load’ by including a hearty serving of a carbohydrate such as pasta, rice, or potato as part of your main dish.
 - After every practice/game –
 - Replenish your ‘glycogen stores’ (your stored energy!) with a carbohydrate replacement such as Gatorade or a granola bar (or both) as soon as you can tolerate it.
 - Then eat a regular meal.
 - In between the second and third period of each game -
 - Consider trying a quick energy supplement like Hammer Gel or GU followed by some water.

- **Supplemental Sports Accident Insurance**

- **Each player must be registered by their parent/guardian with USA Hockey prior to stepping on the ice for the first time. The USAH registration includes registration with Oregon State Hockey Association.**
 - Registration is done via the USA Hockey website: <http://www.usahockeyregistration.com/>
 - Access the website above
 - Choose member type
 - Ice Player/Coach
 - You must be 18 years of age to process a registration
 - Check the box that acknowledges that you are 18 or older.
 - Follow the prompts and fill in the data carefully.
 - When you fill out your player’s register information you will be asked for a “Participant Email Address (optional)” – PLEASE fill in our email address funontheice@klamathicesports.org
 - By including our email address we will automatically receive proof of your registration and you will not have to bring us a printed copy of the registration!
 - If you bypass this option, please bring us a copy of the USA Hockey registration complete with the printed ‘bar code’ before the first on ice session.
 - Process payment – VISA/MASTERCARD/DISCOVER or AMERICAN EXPRESS are accepted.
 - There will be a \$48 fee (\$30 to the national USA Hockey organization + \$18 to Oregon State Hockey Association) charged at the time you register online.
 - You may print your Confirmation page at this time. It will also be emailed to you immediately after the registration is completed.

- **How to Register**

- 1) Complete all the necessary paperwork.
- 2) Make a copy of your Student Body Card (in lieu of your birth certificate) and return with your paperwork.
- 3) Pay your fees
 - i. Online Fee Payment – *The easiest way to pay your fees is to utilize our secure online registration site!*
 1. <http://www.maxsolutionsonline.com/billcollier/Customer/HomePage.aspx>
- 4) **Pre-season In Person Registration, Equipment Swap, and Equipment Fitting Day**
 - i. Saturday, October 24, 2009
 1. 10:00 a.m. to 4:00 p.m.
 - a. Turn in your paperwork! Sell used equipment! Buy used Equipment!

**Youth Hockey League
Registration Fees and Payment Plan
2009/10 Season**

June 18, 2009

Birthdates 1997 - 2004 (Practices Tues & Thurs 5:00 to 6:00 p.m.)		Payment in Full
LTS and Play (Ages 5 through 12) - Seven Week Session	\$99 includes rental equipment while supply lasts	
This class is required for all new players!		

Birthdates 2001 - 2004 (Practices Tues & Thurs 5:00 to 6:00 p.m.)		Payment in Full
Atom/Mite Team (Ages 5 through 8) - Seven Week Session	\$99 includes rental equipment while supply lasts	

Birthdates 1997 - 2000 (Practices Mon & Wed 5:00 to 6:00 p.m.)		Payment in Full by 10/24/09	
Squirt/Peewee (Ages 9 - 12) - Full Season	\$451		
		Payment(s) between 10/24/09 and 2/24/10	Optional Payment Plan
Squirt/Peewee (Ages 9 - 12) - Full Season	\$474	\$94.80/month x Five Months	

Birthdates 1991 - 1996 (Practices Mon or Wed 6:30 to 7:30 p.m.; Fri 5:00 to 6:00 p.m.)		Payment in Full by 10/24/09	
Bantams/Midgets (Ages 13 - 18) - Full Season	\$682		
		Payment(s) between 10/24/09 and 2/24/10	Optional Payment Plan
Bantams/Midgets (Ages 13 - 18) - Full Season	\$718	\$143.60/month x Five Months	



Youth Hockey 2009/10

* = Items that are sold at the
Bill Collier Community Ice Arena

(R) = Equipment that is available to
rent or borrow while the supply lasts

Required Equipment List

*Players will **NOT** be allowed on the ice without full equipment!*

1. HECC approved helmet with full face shield for all players under 18. (R)
2. *Mouth guard (no clear, please)
 - a. SHOCK DOCTOR brand or a custom fitted mouth guard is recommended.
3. Elbow pads (R)
4. Gloves (R)
5. Cup/Pelvic Protector
6. Shin pads (R)
7. Pants (R)
8. Shoulder Pads (R)
10. Skates (R)
11. *Stick

Suggested Equipment List

1. *Stick Tape
 - a. Black for the blade (white if goalie)
 - b. White or colored for the handle

Equipment Maintenance

- All equipment needs to thoroughly air dry in a smoke-free environment after each use.
- Skates need to be sharpened on a regular basis. The Bill Collier Community Ice Arena offers sharpening services.



5075 Fox Sparrow Drive
 Klamath Falls, OR 97601
 (541) 850-5758 phone/voice mail
 (541) 850-5757 fax

Youth Hockey Registration 2009/10 Season

Date of Registration ____/____/____

Birth date (month/date/year) ____/____/____

Grade Enrolled in School as of September 2008 _____ Name of School _____

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____ (most of our contact will be via email)

Parent /Guardian _____ Work Phone _____ Cell Phone _____

Parent/Guardian _____ Work Phone _____ Cell Phone _____

Prior Hockey Experience _____

Does skater have any physical disability or medical conditions that we should be aware of? _____

If you are new to our league this season, who referred you? _____

***Registration Fee Payment 2009/10 Season* / Fees on Next Page**

Total Registration Fee Amount (does not include USA Hockey Insurance) \$ _____

- Learn to Skate & Play** – Please use the [Group Lesson Registration Form on the next page](#)
- Atom/Mite (Birth years 2001 - 2004)** Session One Session Two
- Squirt/Peewee (Birth years 1997 – 2000)**
- Bantam/Midget (Birth years 1991-1996) – This Team is Selected By Tryouts**

Youth Sponsorship Amount (optional donation to help fund a scholarship recipient) \$ _____

Total Due \$

Amount Paid \$ _____

Balance Due \$

Refunds will be made to any Atom/Mite player who decides to leave the league, minus \$45, through 11/16/09 only.
 Refunds will be made to any Squirt/Peewee or Bantam/Midget player who decides to leave the league, minus \$75, through 11/16/09 only.

Office Use Only

- A/R Arrangements
- Equipment Rented
- KIS WAIVER RELEASE
- Sq/Peewee – Copy of Birth Certificate
- USAH Registration _____
- Copy to A/R Binder (office copy)
- KIS Photo Release
- Bantam/Midget – Copy of ASB Card
- USAH Consent to Treat
- Max Updated
- USAH Code of Conduct
- Constant Contact Updated

PAYMENT METHOD

- Cash
- Check # _____
- MC/VISA # _____ / _____ / _____ / _____ Expiration Date ____/____ CVV# _____
- Scholarship (scholarships are limited and based upon income) \$ _____



GROUP LESSON REGISTRATION FORM 2009/10



Current Date ____ / ____ / ____ Student's Age ____ and Date of Birth (month/date/year) ____ / ____ / ____

Student's Last Name _____ First Name _____ Middle Initial ____

Mailing or Residence Address _____

City _____ State _____ Zip code _____

Telephone Numbers: Home _____ Work _____ Cell _____

Email Address _____

Parent/Guardian _____ Day Phone _____

Parent/Guardian _____ Day Phone _____

Prior Skating Lessons? Yes ____ No ____ If yes, please describe _____

Does student have any kind of physical disability or medical condition of which we should be aware? Yes ____ No ____

If yes, please describe _____

Name of Person Completing Form _____

Relationship of Person Completing Form to Student _____

<input type="checkbox"/> Session One (Begins November 2009)	or	<input type="checkbox"/> Session Two (Begins January 2010)
<input type="radio"/> Learn to Skate and Play Hockey		
<input type="radio"/> Snowplow Sam (Saturdays).....Level _____ Time Preferred _____		
<input type="radio"/> Basic (Saturdays)..... Level _____ Time Preferred _____		
<input type="radio"/> Adult (Saturdays)..... Level _____ Time Preferred _____		
All classes include use of rental skates. Hockey classes also include use of rental helmet, shin and elbow pads.		

Hockey Class Fees	Ages 5 - 12		
Learn to Skate/Play Hockey	\$99		
Figure Skating Class Fees	Ages 3 - 5	Ages 6 - 14	Ages 15+
Snowplow Sam Levels 1 - 3	\$57	n/a	n/a
Basic Levels 1 - 8	n/a	\$62	n/a
Adult Levels 1 - 4+	n/a	n/a	\$67

Group Lesson Registration fees include ISI (hockey) or USFS (figure) membership. Registration fees are non-refundable.

*** Registration Fee Amount**..... \$ _____

Youth Sponsorship Amount (optional donation to fund a scholarship recipient) \$ _____

Total..... \$ _____

For Office Use Only: (Revised: 03.31.08)

- Waiver Release Signed Photo Release Signed Max Database Updated Constant Contact Updated
- ISI or USFS Registration: Date Completed _____ 2 Passes Issued Nametag (figure)

Payment Method: Cash Check _____ Scholarship (*scholarships are limited and based upon income*)

MC/VISA Number _____ - _____ - _____ - _____ Expiration Date _____

Three Digit Code on Back of Card _____

MINOR RELEASE AND INDEMNITY AGREEMENT

IN CONSIDERATION OF THE USE OF KLAMATH ICE SPORTS INC'S PREMISES AND FACILITIES BY THE MINOR(S) NAMED BELOW, I HEREBY AGREE TO RELEASE AND INDEMNIFY KLAMATH ICE SPORTS INC., ITS OFFICERS AND DIRECTORS, OWNERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES, AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR PROPERTY DAMAGE OR LOSS, INJURY, OR DEATH WHICH THE MINOR(S) NAMED BELOW MAY SUFFER OR FOR WHICH HE OR SHE MAY BE LIABLE TO OTHERS, IN ANY WAY CONNECTED WITH ICE SKATING OR RIDING "THE OLYMPIA" ICE RESURFACING EQUIPMENT OR ANY RELATED ACTIVITIES. THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ANY CLAIM EVEN IF CAUSED BY NEGLIGENCE. THE ONLY CLAIMS NOT RELEASED ARE THOSE BASED UPON INTENTIONAL MISCONDUCT.

BY MY SIGNATURE BELOW, I AGREE THAT THIS MINOR RELEASE AND INDEMNITY AGREEMENT WILL REMAIN IN FULL FORCE AND EFFECT AND I WILL BE BOUND BY ITS TERMS WHENEVER USING KLAMATH ICE SPORTS INC.'S PREMISES, FACILITIES AND EQUIPMENT.

I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT AND ALL OF ITS TERMS.

PARENT OR GUARDIAN (must be signed by parent or guardian if the user is under eighteen (18) years of age).

MINOR NAME(S): (Please print)

LAST FIRST

LAST FIRST

LAST FIRST

PARENT OR GUARDIAN NAME: (Please print)

LAST FIRST

RELATIONSHIP: (Please print)

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS KLAMATH ICE SPORTS INC., FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

DATE _____ PARENT OR GUARDIAN Signature: _____

KLAMATH ICE SPORTS, INC.

Photo Release for Children
Under 18 Years of Age

I hereby authorize Klamath Ice Sports, Inc. to photograph my dependent while my dependent is on the premises of Klamath Ice Sports, Inc. I further authorize Klamath Ice Sports Inc., in its sole discretion, to use any photographs taken of my dependent while on the premises of Klamath Ice Sports, Inc. for promotional purposes in any manner deemed appropriate by Klamath Ice Sports, Inc., and hereby waive any and all claims related thereto, including, but not limited to, intrusion upon seclusion, appropriation of name or likeness, public disclosure of private facts, false light, invasion of personal privacy, breach of confidence, and any claim for compensation.

I also understand that once images are posted on the Klamath Ice Sports, Inc.'s website, they can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless from any claims related to the use of any images photographed, published or used in any way by Klamath Ice Sports, Inc., its officers and directors, owners, agents, landowners, affiliated companies, and employees.

Minor's Printed Name: _____

PARENT/GUARDIAN: I VERIFY THAT I AM THE PARENT/GUARDIAN AND/OR HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE MINOR. I AGREE TO BE BOUND BY ITS TERMS. I ACCEPT FULL RESPONSIBILITY FOR ALL MEDICAL EXPENSES INCURRED AS A RESULT OF THE MINOR'S USE OF KLAMATH ICE SPORTS INC.'S PREMISES AND FACILITIES, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS KLAMATH ICE SPORTS, INC. FROM ANY CLAIM BROUGHT BY, OR ON BEHALF OF THE MINOR.

Signature of
Parent or Guardian: _____

Printed Name of
Parent or Guardian: _____



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 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**

NAME: _____

To be read and signed by you as a member of Team: Klamath Ice Sports Hockey

Participating in USA Hockey for the 2009/10 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: _____