



## Parents Code of Conduct

ASSOCIATION NAME: \_\_\_\_\_

HOCKEY SEASON: \_\_\_\_\_

PRINT PLAYER NAME \_\_\_\_\_ TEAM \_\_\_\_\_

1. I will not force my child to participate in hockey. I will try to make it FUN!
2. I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.
3. I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of the game. I will make my child feel like a winner every time by offering praise for competing fairly and hard.
4. I will never ridicule or yell at my child for making a mistake or losing a game.
5. I will remember that children learn by example. I will applaud good plays by both our team and our opponents. I will not be critical of, or embarrass any player, including opposition players.
6. I will never question the official's judgment or honesty in public. I recognize that officials are being developed in the same manner as players.
7. I will respect and show appreciation for the volunteers who give their time to hockey for my child.
8. I will never yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any youth hockey activity. I will refrain from the use of abusive or vulgar language, racial, ethnic or gender-related slurs at any time at the rink or any youth hockey function. I will support all efforts to remove verbal and physical abuse from youth hockey games.
9. I will leave the coaching to the coaching staff. I will encourage my child to play in a manner consistent with the team's strategy or plans.
10. I will emphasize skill development and a serious approach to practices and explain how skill development will benefit my child.
11. I will attempt to learn about the game of hockey (USA Hockey rules, equipment, levels, skills, etc.) so that I may best support my child's development in the game.
12. I will not throw objects of any kind on the ice, or lean over and pound on the glass.
13. I will communicate all and any concerns regarding inappropriate behavior to the Team Manager, Coach, ACE (Association Coaching Education) Director or association rep.
14. I will insist that my child plays in a safe and healthy environment. I will support a sports environment that is free of alcohol, drugs or tobacco and I will refrain from their use at all youth sports events.
15. I understand the benefits from participating in a team sport, the commitment, the discipline and the social skills learned and acquired.
16. I will remember that my child plays hockey for his or her enjoyment, not mine.

**I have read and understand the above Code of Conduct, and agree to abide by its guidelines at all team and association activities. I understand that if I do not follow this Code of Conduct, I may be asked to leave the team activity or I may be asked to withdraw my child from the association.**

**PARENT SIGNATURES:**

**PARENT** \_\_\_\_\_ **PARENT** \_\_\_\_\_

**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 \_\_\_\_\_ 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 \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://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<br>(concussion, skull fracture) | <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.



## 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 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 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.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

Age \_\_\_\_\_ Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(if Participant is 17 years of age or younger)

\_\_\_\_\_  
Date Signed \_\_\_\_\_

*This form to be retained by local program.*