

# Cumberland Valley Ice Hockey Club Registration Packet

## 2010 - 2011 Hockey Season

Player Name: \_\_\_\_\_

Jersey Number: \_\_\_\_\_ School: HS \_\_\_\_ EV \_\_\_\_ GH \_\_\_\_

\_\_\_\_\_ CVIHC Registration Form

\_\_\_\_\_ CVIHC Waiver of Liability Form

\_\_\_\_\_ CVIHC Player Code of Conduct

\_\_\_\_\_ CVIHC Parent Code of Conduct

\_\_\_\_\_ CVIHC Policy #227: Random Drug Testing/Breathalyzer Form

\_\_\_\_\_ USA Hockey Consent to Treat/Medical History Form

\_\_\_\_\_ USA Hockey Waiver of Liability Form

\_\_\_\_\_ USA Hockey Participant Code of Conduct

\_\_\_\_\_ Copy of Birth Certificate or Drivers License

For CVIHC Only:

\_\_\_\_\_ Proof of USA Hockey Registration

\_\_\_\_\_ Evaluation Payment: Cash/Check # \_\_\_\_\_

Initials \_\_\_\_\_



Cumberland Valley Ice Hockey Club



Registration Form  
2010-2011

**PLAYER INFORMATION:**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_  
 Player E-mail \_\_\_\_\_

**PARENT/GUARDIAN**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

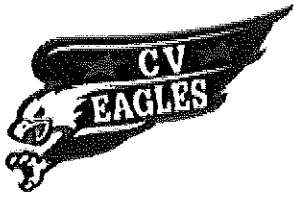
**SCHOOL:**  
 School that player attends \_\_\_\_\_ Grade \_\_\_\_\_  
 Do you need bus transportation from school to Jr. High Practices?      Yes      No

**USA HOCKEY INSURANCE:**  
 Will you have USA Hockey Insurance with another team?      Yes      No  
 If yes, what organization? \_\_\_\_\_

**Web Site Picture Waiver**  
 CV Ice Hockey may want to use your player's photograph on our web site. Please indicate your choice and sign your name in the space provided.  
 Approve      Disapprove      Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

- **There is no guarantee that all players who try out will be selected for a team.**
- **Equal ice time is not guaranteed.**
- **All players must purchase a home and away game jersey**





Cumberland Valley Hockey Team



**Player Code of Conduct**

(Please ✓ each box after reading)

When we are involved in any and all CVIHC activities:

- I understand that our team has a Zero Tolerance Rule about violating or breaking any of the rules of this pledge; I agree that the result of breaking any of these rules is to miss playing time (shifts, periods, games).
- I will attend all practices and games unless I make arrangements with the coach. I will obey the coaches' team rules.
- I will give teammates and coaches' encouragement, assistance, confidence, and show my appreciation whether or not the game was won or lost and whether or not I or any of my teammates played well or made a mistake or missed a play.
- I will not "mouth off", swear, use bad language or criticize teammates, coaches, referees, nor do the same to any of our opponent's players or coaches.
- I will not physically show my frustration by banging sticks (boards, benches), making gestures, or committing penalties against opponents (such as "retaliating, pushing, shoving, elbowing during play or after the play has stopped). I will not engage in fighting my teammates or opponents and will shake hands with my opponents and with all referees after every game unless directed not to by my coaches or referees.
- I will not engage in any form of physical or verbal bullying or hazing of my teammates.
- I will not quit playing or complain when games or practices are tough.
- I will not destroy or vandalize any ice facility, home or away and will pay any and all financial fines that I incur.
- I understand that my objectives are to have fun, improve my skills, learn the rules, and improve my abilities as a hockey team and team players.

Player (Print) \_\_\_\_\_

Player (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



Cumberland Valley Hockey Team



**Parent Code of Conduct**

(Please ✓ each box after reading)

- I understand that the CVIHC has a Zero Tolerance Rule about violating or breaking any of the rules of this pledge; I agree that the result of breaking any of these rules may require the CVIHC Disciplinary Board to investigate my behavior or the player I am supporting at the game or practice and this may lead to disciplinary action suitable to the offense.
- Do not force your child(ren) to participate in sports, but support their desires to play their chosen sport. Children are involved in organized sports for their enjoyment. Make it fun.
- Encourage your child(ren) to play by the rules. Remember children learn best by example, so applaud the good plays on both teams.
- Don't embarrass your child(ren) by yelling at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.
- Emphasize skill development and practices and how they benefit your young athlete at all ages. De-emphasize games and competition in the lower age groups.
- Know and study the rules of the game, and support the officials on and off the ice. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.
- Applaud a good effort in both victory and defeat, and enforce the positive points of a game. Never yell at or physically abuse your child after a game or practice - it is destructive. Work toward removing the physical and verbal abuse in youth sports.
- Recognize the importance of volunteer coaches. They are important to the development of your child(ren) and the sport. Communicate with them and support them.
- Conduct or language that is profane, obscene, vulgar or deliberately offensive is prohibited.
- Physical or verbal abuse of any hockey player (including a parent's own child), any parent, coach, official, spectator or other participant is prohibited.
- Conduct which is unsuitable for the sport of hockey is prohibited.
- Enjoy the game, learn all you can about hockey and volunteer.

Player Name (Print) \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Cumberland Valley School District  
6746 Carlisle Pike  
Mechanicsburg, PA 17055

**POLICY NO. 227: RANDOM DRUG TESTING AND BREATHALYZER TESTING  
GENERAL AUTHORIZATION AND CONSENT**

We, the undersigned Student and Parent/Guardian, understand that the consumption of alcohol and the illegal use of controlled substances are unlawful activities which pose a substantial risk of harm to the Student and other members of the community. The Student hereby agrees to accept and abide by the standards, rules, and regulations set forth by Cumberland Valley School District Policy No. 227 (Drug Awareness/Paraphernalia). Under Policy No. 227, two procedures have been put in place to address the concerns about student use of drugs and alcohol: Random Drug Testing and Random Breathalyzer testing.

**RANDOM DRUG TESTING (applies to students participating in privileged activities)**

Student participation in athletics, extra-curricular activities, co-curricular activities, and driving to school is a privilege. The Student's participation in these activities and the reputation of the school are dependent, in part, on the Student's conduct as an individual. By signing this General Authorization and Consent, if the Student participates in athletics, an extra-curricular activity, a co-curricular activity, or receives driving privileges, the Student and Parent/Guardian hereby agree and consent to having the Student participate in random drug testing for the duration of time the Student participates in the activity.

The Student and Parent/Guardian also authorize Cumberland Valley School District to conduct, and hereby consent to, a test on a urine specimen which a Student randomly selected for testing will provide for the purpose of screening for drug use. We also authorize the release of information concerning the results of such a test to the Cumberland Valley School District and to the Parents and/or Guardians of the Student.

**RANDOM BREATHALYZER TESTING (applies to students participating in certain school social functions)**

Furthermore, the Student and Parent/Guardian acknowledge and understand that the Cumberland Valley School District has implemented random breathalyzer testing of students who attend certain school-related social functions, including but not limited to school dances, Winter Gala and the Prom. Students attending such social functions may be selected randomly for the purpose of undergoing breathalyzer testing prior to being permitted entry into the event. Breathalyzer testing will be performed by qualified individuals for the purpose of determining whether a student has consumed alcohol. The Student and Parent/Guardian hereby consent to Cumberland Valley School District administering a breathalyzer test to the Student that attends such a social function, in the event the Student is randomly selected for such test.

This also shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above. These signatures signify consent to the standards, rules and regulations as set forth in Policy No. 227. Policy No. 227 is available upon request at the high school office or may be viewed on the district web site [www.cvschools.org](http://www.cvschools.org).

**NOTE:**

Under Section II of Policy 227, only students participating in a privileged activity may be randomly drug tested; only students attending certain school social functions may be randomly breathalyzed.

\_\_\_\_\_  
Student Name (Please Print)      Date: \_\_\_\_\_      Grade: \_\_\_\_\_

\_\_\_\_\_  
Student Signature      Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature      Date: \_\_\_\_\_

**For RANDOM DRUG TESTING Only**

**PARENTS/GUARDIANS:** Sign below if you would like to be present during the random drug testing process. Please understand you would need to be available during school hours and without prior warning. A phone call will be made and the testing process could take place within one half hour of the phone call. Write the phone number that should be called between 7:30 a.m. —2:30 p.m.

\_\_\_\_\_  
Signature      Date      Phone Number

csj:279753  
12050-121

# CUMBERLAND VALLEY SCHOOL DISTRICT

6746 Carlisle Pike, Mechanicsburg, PA 17050-1796  
Phone (717) 697-8261

## AUTHORIZATION TO DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

Name of Student:

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First Name	Middle Initial	Last Name
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We, the above-named student (the "Student") and the parent(s)/legal guardian of the Student understand that as a condition of participation in the extracurricular activities at Cumberland Valley School District (the "District") every student of the District must consent to random drug testing, and any necessary repeat or follow-up testing to detect the illegal use of drugs. We understand that the random drug testing, and any necessary repeat or follow-up testing, will consist of the furnishing of a urine specimen which will be tested by the Department of Laboratory Medicine of Holy Spirit Hospital of the Sisters of Christian Charity ("Holy Spirit Hospital") for the presence of amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP and propoxyphene, and, at the District's request, anabolic steroids and other performance-enhancing drugs ("Controlled Substances").

We hereby authorize the Department of Laboratory Medicine of Holy Spirit Hospital and the physician serving as the Medical Review Officer (MRO) to report the results of the Student's drug test to the Student, the Student's parent(s)/legal guardian and the following employees of the Cumberland Valley School District:

- The Superintendent and Assistant Superintendent
- The Student's Building Principal
- The Student Assistance Team
- The Athletic Director, Coach, Program Director and Faculty Supervisor who supervises the student's participation in the athletic team, extra-curricular activity or co-curricular activity, as the case may be.

We further authorize the Department of Laboratory Medicine of Holy Spirit Hospital and the physician serving as the MRO to report to the above-listed persons the results of any repeat drug testing necessary due to specimen quality and the results of any follow-up testing to confirm a positive drug test or to confirm drug free status following entry into a drug assessment or drug treatment program.

The purpose of the reporting of the Student's drug test results to the Student, the Student's parent(s)/legal guardian, and the above-named employees of the District is to enforce the District policy that students participating in athletics, students participating in extracurricular and co-curricular activities, and students with driving privileges, be drug free, and to facilitate placement of students who test positive participate in a drug assessment or drug treatment program. This Authorization shall expire on the earlier of the date of the signing by the Student and the Student's parent(s) or legal guardian of another Authorization to Disclose Individually Identifiable Health Information intended for the same purposes stated in this Authorization, the date on which the Student's enrollment as a student in the District terminates or one (1) year from the date of this Authorization.

We understand that we have the right to revoke this Authorization by delivering to the Administrative Director of the Department of Laboratory Medicine of Holy Spirit Hospital, 503 North 21<sup>st</sup> Street, Camp Hill, Pennsylvania, 17011 a written statement stating our intent to revoke this Authorization. We also understand that our revocation will be effective immediately upon its receipt by the Administrative Director of the Department of Laboratory Medicine of Holy Spirit Hospital. We further understand that if we refuse to sign this Authorization, or if we revoke this Authorization, the Student will not participate in any drug testing and, therefore, will not be eligible for participation in the District's athletic program, extracurricular or co-curricular program, or for the driving privileges, for which the testing was required.

We understand the disclosure from Holy Spirit Hospital to the Student, the Student's parent(s)/legal guardian and the employees of the School District is subject to the privacy requirements of the regulations issued under the Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. Part 164, Subpart E (Privacy of Individually Identifiable Health Information), and is therefore subject to disclosure only as set forth in the notice of privacy rights which we received along with this Authorization. We understand that after the information about the Student is disclosed by Holy Spirit Hospital to the District and ourselves, it is no longer protected by the HIPAA regulations from redisclosure by the District or ourselves to other parties. However, the District and Holy Spirit Hospital have agreed that the District will not disclose the results of any Student's drug test to any persons except those identified in this Authorization.

We hereby acknowledge that we have received a signed copy of this Authorization, and we have received a copy of Holy Spirit Hospital's Notice of Privacy Practices.

Student:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Legal Guardian (please circle applicable term):

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 \$25,000, 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.

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### EMERGENCY CONTACT

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

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

#### 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><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: \_\_\_\_\_  
Participating in USA Hockey for the 2008-2009 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: \_\_\_\_\_