



CT CLIPPERS  
Tier 1 and Tier 2



Registration and Tryout Instructions  
2009-2010 Season  
Instructions

- 1) Print and complete all the forms in this package and make sure to sign in the appropriate places.
- 2) Make a check payable to CT Clippers (NO CASH) for the non-refundable amount of:

**Tier 2 Fees:**

**\$60.00 Pre-Pay & Registration received by 3/20/09**

**\$75.00 All Registrations received after 3/20/09 including all Walk-ins**

**Tier 1 Fees:**

**\$100.00 Pre-Pay & Registration received by 4/01/09**

**\$125.00 All Registrations received after 4/01/09 including all Walk-ins**

- 3) Mail or drop off at the address below all completed forms (Registration form, Waiver of Liability and USA Hockey Consent to Treat) and payment to:

CT Clippers

6 Progress Drive

Cromwell, CT 06416

Attn: Jacki Aresco - CT Clippers Treasurer

**No Player will be permitted to tryout without the forms and payment collected.**

If you have any questions, please contact:

Jacki Aresco – CT Clippers - Treasurer [mjaresco@sbcglobal.net](mailto:mjaresco@sbcglobal.net) or

Yvon Corriveau – CT Clippers - Director of Hockey Operations [procoachct@aol.com](mailto:procoachct@aol.com)



CT Clippers  
 6 Progress Drive - Cromwell, CT 06416  
 Tier 1 & Tier 2



**Pre-Pay & Registration and Tryout Information – 2009-2010**

**Non-Refundable Fee Payable to CT Clippers for:**

Tier 2 Fees: \$60.00 Pre-Pay & Registration received by 3/20/09 or \$75.00 All Registrations received after 3/20/09 including all Walk-ins  
 Tier 1 Fees: \$100.00 Pre-Pay and Registration received by 4/1/09 or \$125.00 All Registrations received after 4/1/09 including Walk-ins

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Ins Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

Clipper in the 08-09 season: Yes \_\_\_ No \_\_\_ If yes, Level: \_\_\_\_\_ Jersey# \_\_\_\_\_

If no, Team played for in the 08-09 season: \_\_\_\_\_

Position: \_\_\_\_\_

**Please check the level you are trying out for:**

Tier 2

Tier 1

\_\_\_\_\_ Mite Blue

\_\_\_\_\_ Squirt Major Birth Yr: 1999

\_\_\_\_\_ Mite Gold

\_\_\_\_\_ Pee Wee Minor Birth Yr: 1998

\_\_\_\_\_ Squirt Minor

\_\_\_\_\_ Pee Wee Major Birth Yr: 1997

\_\_\_\_\_ Bantam Minor Birth Yr: 1996

\_\_\_\_\_ Bantam Major Birth Yr: 1995

CT Clippers Tryout Release

I acknowledge that ice hockey is a hazardous activity. I agree that the CT Clippers, USA Hockey and all involved shall not be liable to me or my child for any injury or damage resulting directly or indirectly from my child's participation in this hockey skating program, whether incurred on the ice or otherwise in or about the building. I further agree that I will not sue, arrest, attach or prosecute any said persons for any injury or damage and I release and discharge the CT Clippers and all involved for all actions, claims and demands that my child may have from any injury or damage.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.*



# 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.