



DELAWARE JR. BLUE HENS

Evaluations for 2010/2011 Season

Enclosed are the evaluation forms. Please complete the forms and bring them to evaluations. Along with the required forms please bring your child's birth certificate, your evaluation fee per player (\$75 for Mite. \$125 for Squirt, Pee wee, Bantam, and Midget). Checks are to be made out to the **Jr Blue Hens**.

Players must attend the evaluation for the level that they are scheduled to play according to USA Hockey guidelines. Players must attend at least one of the evaluations and should make every effort to attend both were applicable. After evaluations players will be placed on teams and your coach will notify you of your child's team placement.

For liability reasons, players will not be allowed on the ice if they have not completed their forms and paid the evaluation fee.

Age Criteria Birth Years

Mite - 2002 / 2003
Squirt - 2000 / 2001
Pee Wee - 1998 / 1999
Bantam - 1996 / 1997
Midget U16 - 1994 / 1995
Midget U18 - 1992 / 1993

Evaluation Dates/Times

Registration and uniform fitting
45 minutes prior to scheduled ice time

Tuesday April 20, 2010	Squirt #1	5:50 to 6:50PM	Gold Arena
Thursday April 22, 2010	Mite / Squirt #2	6:50 to 7:45PM	Rust Arena
	Pee Wee / Bantam	7:50 to 8:50PM	Rust Arena
	Midget U16 / U18	9:00 to 9:50PM	Rust Arena

2010 – 2011 Season Registration

Eval #	Level
_____	_____

Player Information	Last Name:	First:	MI:
	Date of Birth: / /		Gender:
	Address Line 1:		
	Address Line 2:		
	City:	State:	Zip:

Parent/Guardian Info	P/G 1 Phone:	P/G 1 Phone Alt:
	P/G 2 Phone:	P/G 2 Phone Alt:
	P/G 1 Last Name:	First:
	P/G 2 Last Name:	First:
	P/G 1 Email:	
	P/G 2 Email:	

The following information is to be filled out by a member of the Jr. Blue Hens:

Is Player a Returning Jr. Blue Hen?	09 - 10 Team:			
Shell Size:	Choice	1st	2nd	3rd
Jersey Size:	Jersey Number:			
Age Verified:	Amt Rec'd:	Pmt Type:	Date:	



DELAWARE VALLEY HOCKEY LEAGUE (DVHL) PLAYER/PARENT AGREEMENT

This AGREEMENT is entered into in the Commonwealth of Pennsylvania between

_____, born on _____

("The Player") and jointly and severally by the Player's parent and/or legal guardian,

_____, residing at _____,

("The Parent") and Delaware Jr. Blue Hens ("The Club"), a youth hockey

organization for the 2010 / 2011 hockey season, which is defined as lasting from the date of signing of this agreement until the completion of the USA Hockey National Tournaments ("The Season"). It is understood that the Parties **intend to be legally bound by this Agreement**, and that this Agreement was signed in, and is enforceable, in the Commonwealth of Pennsylvania, and that all references to the Player includes males and females.

- 1. The Parent understands that if the Player resigns or otherwise voluntarily terminates his/her participation for any reason after signing this agreement, the Player is not entitled to a refund of the Player Fee and must pay the entire remaining balance of the Player Fee before a DVHL/Atlantic District Player Release Form will be issued.**
2. The player agrees to play DVHL amateur ice hockey exclusively for the above mentioned Club and may not register for, be evaluated for or play for any other DVHL club. The player may also participate with any school, independent or Atlantic District run program. Dual rostering is not permitted on any Tier I (AAA), Tier II (AA, A, B, C) or any Junior Programs; however, Girls are permitted to be dual rostered on any Tier I (AAA), Tier II (AA, A, B, C) or Girls team. If both teams are National Tournament bound, the player must declare, in writing, by 12/31/2009, for which team she will participate should these teams qualify for Districts, leading to the National Tournament.
3. The Player agrees that he/she will attend all of the Club's ice practices, games, off-ice training, instructional sessions and organized team meetings, except when prevented from doing so for educational or medical reasons, in which case, the player will request permission in advance (when reasonably possible to do so) to be absent. The club acknowledges that such permission will be granted for all reasonable requests. The player agrees that he/she will maintain his/her academic and educational course work at the/she highest-level possible.
4. The Club will provide the Player USA Hockey and Atlantic District registration unless the player has been previously registered by another organization.

DELAWARE



JR. BLUE HENS

5. The Player agrees to obey the laws of the Commonwealth of Pennsylvania and that he/she will maintain good citizenship and behavior at all Club events, as well as in his/her everyday life, recognizing that his/her behavior is a reflection upon the Club.
6. The Player agrees not to use vulgar or profane language, racial, ethnic or gender related slurs toward teammates, coaches, officials, opponents or spectators.
7. The Player agrees that alcohol, tobacco products, and all legally banned substances, which includes marijuana, cocaine, non-prescribed medications, including performance enhancing substances and other related drugs, have no place in hockey and Player agrees not participate in such use.
8. The Player recognizes that there is no place for violent or overly aggressive play in hockey where the obvious intent is to injure or harm another player, and agrees not to participate in such conduct.
9. The Parent agrees to respect and show appreciation for the volunteers who give their time to hockey. Parent further agrees not to yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any Club function.
10. The Parent agrees to be responsible for the financial commitment made in this Agreement (which includes the payment of a Registration Fee and a Player Fee), even in the event that Player's Club or playing privileges are suspended and/or terminated for any reason, including but not limited to disciplinary or academic issues, injury or illness, and understand this to mean that in no case will the Player Fee be prorated for any portion of the season.
11. The Parent agrees that the Registration fee is non-refundable. Once the Player is placed on a team that fee is credited to the Player Fee. If the Player declines his/her position on a team, after the date designated by the Club, the Player will **not** be entitled to receive a refund. Should the Club determine that the Player's ice hockey talent development is best suited for placement on an in-house team (if applicable) the Registration fee less \$0 will be either refunded, or applied to the in-house team Player Fee.
12. The parent shall be obligated to pay the Club tuition as established in **Addendum A** The Club's Payment Schedule for participation as a member of the Club, with the understanding that if a payment is delinquent, then the Player's playing and participation privileges with the Club and his/her team may be suspended until the delinquent amount is paid or an appropriate payment arrangement is made with the Club.
13. The Parent understands that the DVHL and the Atlantic District requires member Clubs to report any player's outstanding financial obligation to the District. The Parent and Player understand that a reported player cannot be placed on the roster of any other Atlantic District team (middle school, high school, in-house or travel ice hockey team) until the outstanding financial obligation to the Club is satisfied.
14. The Parent understands that the Club may, at their sole discretion, based on past payment history, or other sound business practice, elect to require the full payment of Player Fees once a player is placed on a team.
15. The Player understand that he/she is responsible for fines or costs assessed for damage to facilities, locker rooms, etc., used in conjunction with Club's practices, games or other team events which are caused by the above named player.
16. The Parent understands that any discounts will be forfeited if any payments are not made on a timely basis.
17. The Parent understands that the Club is entitled to assess a reasonable charge for any returned check or credit card charge.
18. The Player and Parent agree to abide by all rules and regulations of USA Hockey, Inc., the Atlantic Amateur Hockey Association, the DVHL, and the Club.

Payments should be mailed to:

Delaware Junior Blue Hens

PO Box 7825

Newark, DE 19714-7825

Addendum A

Check all that apply

All payments must be made by check or money order – **Late Fee and Return Check Fee \$25 per payment**

Non-refundable evaluation fee per player due at the time of registration:

- Mite - \$ 75
- Squirt - \$ 125
- Pee Wee - \$ 125
- Bantam - \$ 125
- Midget - \$ 125

Season Fees do not include evaluation fee.

Age Criteria Birth Years	2010-2011 Season Fees
Mite – 2002 / 2003	\$975
Squirt – 2000 / 2001	\$1,675
Pee Wee – 1998 / 1999	\$1,710
Bantam – 1996 / 1997	\$1,760
Midget U16 – 1994 / 1995	\$1,760
Midget U18 – 1992 / 1993	\$1,760

Payment Option #1 – Payment in full received by June 1st, 2010 eligible for 5% discount

- Mite - \$ 926.25 (annual fee of \$975 less 5% discount)
- Squirt - \$1,591.25 (annual fee of \$1,675 less 5% discount)
- Pee Wee - \$1,624.50 (annual fee of \$1,710 less 5% discount)
- Bantam - \$1,672.00 (annual fee of \$1,760 less 5% discount)
- Midget - \$1,672.00 (annual fee of \$1,760 less 5% discount)

Full payment must be received by June 1st, 2010 in order to receive the 5% discount.

Payment Option #2 – Five installment payments due 6/1/10, 7/1/10, 8/1/10, 9/1/10, 10/1/10.

- Mite - \$195.00 + \$5.00 Processing Fee = \$ 200.00 per payment
- Squirt - \$335.00 + \$5.00 Processing Fee = \$ 340.00 per payment
- Pee Wee - \$342.00 + \$5.00 Processing Fee = \$ 347.00 per payment
- Bantam - \$352.00 + \$5.00 Processing Fee = \$ 357.00 per payment
- Midget - \$352.00 + \$5.00 Processing Fee = \$ 357.00 per payment

First payment is due 6/1/10, even if rosters are not official.

Payments not received by the 10th will result in player not being permitted to play until payments are current. Any player not paid in full by Oct 31st 2010 will be removed from the team.

JBH is committed to a GREEN environment; therefore, no paper invoices will be mailed. All invoices will be emailed; however, even if you do not receive an invoice, payment is still due per the above due dates. Please enter your email address below:

Email address for invoices: _____ Player Name: _____

Discounts – One time discounts off the annual fee

- Second Child - \$75
- Third Child - \$100
- Fourth Child - \$125

Uniform Fee –

- New Member Uniform Fee (includes Home & Away jersey plus a shell) - \$200 (Mandatory if new to JBH)
- Home Jersey - \$80
- Away Jersey - \$80
- Shell - \$50

Family & Player Pledge & Code of Ethics

As a family/player involved in the Jr. Blue Hen Hockey Program we will...

- show respect and positive support for all players, coaches, officials, spectators and facilities at all times.
- ensure that all family members on and off the ice behave in a sportsmanlike manner at all times.
- understand the need for player development over the need to win.
- insist that our children play in a safe and healthy environment.
- abide by the rulings of the officials, coaches and league administrators at all times.
- accept and support the league sanctions imposed to foster a sportsmanlike atmosphere.

We have read and understand the Jr. Blue Hen Hockey Family & Player Pledge & Code of Ethics. I understand by signing below that I am signing for my entire family and/or friends who might be involved in the program in any capacity. I understand and support the league sanctions should a member of my family not follow the Family Pledge and Code of Ethics.

(Parent/Guardian Printed Name)

(Player Printed Name)

(Parent/Guardian Signature)

(Player's Signature)



**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.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)

This form to be retained by local program.

1W Rev 1/03





USA HOCKEY CONSENT TO TREAT

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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ 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 www.usahockey.com or call USA Hockey at 719-576-USAH.

(over, please)

3C Rev 3/04

MEDICAL HISTORY FORM
(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

Head injury (concussion, skull fracture) Yes No

Fainting spells Yes No

Convulsions/epilepsy Yes No

Neck or back injury Yes No

Asthma Yes No

High blood pressure Yes No

Kidney problems Yes No

Hernia Yes No

Diabetes Yes No

Heart murmur Yes No

Allergies Yes No

Please specify: _____

Injuries to:

Shoulder Yes No

Knee Yes No

Ankle Yes No

Fingers Yes No

Arm Yes No

Other: _____

Impaired vision Yes No

Impaired hearing Yes No

Other: _____

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? _____ Explain: _____
