



Parent's Registration Packet

Welcome to the beginning of the 49th season of the Trenton Hockey Association (THA). Your child and your family are now part of the coolest and finest tradition in Michigan youth hockey. Some of you are even part of the fourth generation to join THA. However, there have been a few changes since 1961. Then, we only had one surface and it was out-doors. Hockey games actually got called because of rain! And kids sometimes had to wear Ski-jackets under their Hockey Sweaters (that's what we called Jerseys back then). We didn't even have a Zamboni. Obviously, at least one of us is getting pretty old. Now we have three ice surfaces within a modern in-door facility with heated stands, high-tech skates, high-tech sticks and high-tech kids. But it's still all about having fun, making friends and making Mom and Dad proud!

Anyone wishing to help out with the Trenton Hockey Association will be greatly appreciated. By the way, women do coach. And some coach very well. To continue, this is a volunteer community organization. However, we all need to understand that the privilege of working with children comes with a great deal of responsibility. Youth hockey has been the leader in changing the way Sports are taught to children. USA Hockey has a Coaching Education Program (CEP) to educate and to certify it's coaches (Levels 1-5). The other major sports have all noticed USA Hockey's efforts and are now studying the youth hockey Coaching Education Process model. Anyone wishing information about Coaching and/or about the Coaching Education Process should contact Keith Kloock in person or at; trentonhockeyace@yahoo.com

Unfortunately, we have several housekeeping tasks to take care of in order to get our teams properly registered. The forms detailed below must be completed and returned to the Team Manager in order to register your team.

Part A – Parent(s) of a Player

STAR Code of Conduct: All Parents and/or Guardians of any youth hockey player registering within the State of Michigan must read, fill out and sign the STAR Code of Conduct form, which is included in this Registration Packet (in Adobe PDF Fill-In format). Please contact the Team Manager if you need assistance.

Please note that unruly parents can be and have been barred from attendance at their own Child's hockey games. Not just for one or two games, but sometimes for many seasons and/or even for life!

Background Checks: All Parents (and anyone else over the age of 18 that will be entering the Player's Dressing Rooms) will need to register online for a free Background Check at the Michigan Amateur Hockey Association (MAHA, which is the governing body of youth hockey within the State of Michigan) website; www.maha.org

To register online just select the Coaching tab, then select Coaching Background Check, and then fill in the requested information. Remember to print the email receipt in order to prove that you completed this to the Team Manager will all other required forms. This is also required of all coaches and others who will be having contact with your children, for their protection.



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Part B – Registration as a Player

Player Registration with USA Hockey: USA Hockey is the national governing body for youth hockey. All youth players within the United States are required to register online. Registration for children under 6 is free. This registration provides secondary medical insurance benefits for your child, in case of an injury during hockey. You will also receive a magazine. To register online with USA Hockey please go to the USA Hockey website; www.usahockey.com

Just select from the Membership bar Register Online, then select Ice Players & Coaches and follow the directions. Please remember to Print your receipt at the end of the process. The receipt will have a large Barcode on it. Please return this IMR to the Team Manager as we will need it for registration of the team.

Player or Family Registration with the Trenton Hockey Association: Many of you may have already done this. However, if you have not then the player must be registered with THA in order to play on a THA team (not to tryout, only if he/she will actually be rostered on a THA team). THA Registration is now being done online at www.trentonhockey.org and payment is accepted by Credit/Debit or by Check.

Participant Code of Conduct: The Participant Code of Conduct form is included in the Registration Packet (in Adobe PDF Fill-In format). Please contact the Team Manager if you need assistance.

Consent to Treat: Even though you or a grandparent may always be here in case of injury, we still need a Consent to Treat form on file, just in case. Completion of this form is mandated by USA Hockey. Also, please make the coaches aware of any conditions (like asthma for example) so that we can better respond if something happens! The Consent To Treat form is included in the Registration Packet (in Adobe PDF Fill-In format). Please contact the Team Manager if you need assistance.

Birth Certificate: The team will need a Birth Certificate for each player in order to register the player and the Team Manager must carry the Certificate throughout the season.

Please note that all of these forms and documents are required in order to register your child on this team. Parents who procrastinate, often find that the team is forced to become registered without their child. The child can not play until an add-on roster can be generated and processed, which can always take at the very least days and sometimes even weeks! Please don't be one of those parents.

Keith Kloock, THA – ACE Director

PARENT/LEGAL GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent/legal guardian of a child involved in a program of Michigan Amateur Hockey Association, I agree to abide by and follow the rules and guidelines below.

- ★I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
- ★I will remember that my child plays hockey for his/her enjoyment, not mine.
- ★I will encourage good sportsmanship through my actions, by demonstrating positive support for all players.
- ★I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
- ★I will demand my athlete treat all players, coaches, officials, parents, and spectators respect regardless of race, creed, color, sex or ability.
- ★I will treat all players, coaches, officials, parents, and spectators with dignity and in language, attitude, behavior, and mannerisms.
- ★I will inform the coach of any physical disability or ailment that may affect the safety my athlete or the safety of others.
- ★I will respect the property and equipment used at any sports facility, both home and away.

I understand that by signing this document I am agreeing to support and promote this Parent/Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this Agreement or my participation in any of the defined CONDUCT SUBJECT TO DISCIPLINE will result in disciplinary action, up to and including expulsion from Michigan Amateur Hockey Association and its affiliate member associations.

Signature

Date

Printed Name

Signature

Date

Printed Name

CONDUCT SUBJECT TO DISCIPLINE

Examples of words or actions which will constitute a violation of the Code include, but are not limited to the following:

Making physical contact with any player, coach, official, league representative, arena personnel or spectator;

Taunting or threatening any player, coach, official, league representative, arena personnel or spectator;

Going into the locker/dressing room of an opposing team or obstructing their access to or exit from said room and arena;

Going into the officials' locker/dressing room or obstructing their access to or exit from said room and arena;

Using profane and/or vulgar language or mannerisms;

Going onto the ice surface;

Throwing of any object onto the ice surface, into the player area(s), or at another individual;

Pounding or climbing on the glass;

Defacing or damaging property belonging to any individual, team, association or arena;

Being involved in any activity that would warrant the summoning of law enforcement officials;

Inciting any person(s) to become involved in any of the above-listed behaviors.

Any other conduct that is not in compliance with the tenets of the MAHA S★T★A★R★ HOCKEY Program.



**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 2009-2010 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 \$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.

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
<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.