

USA Hockey number \_\_\_\_\_

Birth Certificate on file \_\_\_\_\_

deposit received \_\_\_\_\_

**Iowa City Youth Hockey Association Registration**

Player Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Birth date \_\_\_\_\_ Grade/School \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Most recent playing experience \_\_\_\_\_ number of years played \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone numbers (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address(es) \_\_\_\_\_

**Emergency Contact information -**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone numbers: home: \_\_\_\_\_ cell \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

**\*Medical History:** Have you had/do you have (indicate y/n)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> head injury (concussion, fracture) | <input type="checkbox"/> kidney problems                     | <input type="checkbox"/> allergies (specify) _____ |
| <input type="checkbox"/> fainting spells                    | <input type="checkbox"/> hernia                              | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> convulsions/epilepsy               | <input type="checkbox"/> diabetes                            |  |
| <input type="checkbox"/> neck or back injury                | <input type="checkbox"/> heart murmur                        |  |
| <input type="checkbox"/> asthma                             | <input type="checkbox"/> impaired hearing                    |  |
| <input type="checkbox"/> high blood pressure                | <input type="checkbox"/> impaired vision (glasses, contacts) |  |

Are you currently taking any medication? \_\_\_\_\_ What? Why? \_\_\_\_\_

Has the doctor placed any restrictions on your activity? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_ Are there other

issues of which the coach should be aware? \_\_\_\_\_

\*Providing this information is optional, but in the event of an accident or emergency the more information we have about your child, the better we and medical personel will be able to assist your child.

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I agree to release ICYHA from all claims, dangers and actions of the above named skater or their parent/ guardian. I assume full responsibility for any bodily injury that may occur as a result of the inherent risk of hockey. I authorize the ICYHA to use all photos or videos taken of my child during the season for advertising or promotional material. We will refrain from posting last names and towns of skaters on our website.

parent/ guardian \_\_\_\_\_ date \_\_\_\_\_