



PARTICIPANT PACKET

The following documents must be reviewed, signed and returned to GVAHA prior to players being allowed to participate in team practices or games.

Contents:

- 1. STAR - Parent Code of Conduct**
- 2. Participate Code of Conduct - To be read and signed by player**
- 3. Consent to Treat**

Please return your complete player packet to Jack Williams, Hockey Director or your team manager. Documents can be dropped off at the Georgetown Ice Center or mailed to:

GVAHA

8500 48th Avenue

Hudsonville, MI 49426

Team Managers are required to have these documents on file for each player prior to any practices or games. They will require you to turn in these required documents prior to participating in any team activities this season.

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 have viewed the Michigan Amateur Hockey Association STAR program video****

The video is available online at www.maha.org under the STAR tab or at www.youtube.com on the maha1hockey or redfella records channel.

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 tenants of the MAHA STAR 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 _____ 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 \$50,000, 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.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

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.