

CYA/NORTH COAST HOCKEY LEAGUE

Mail to: P.O Box 539, HMB, CA 94019 by May 3, 2008

Check #: _____

Amount: _____

Date: _____



**ROLLER HOCKEY
SIGN-UPS!**
DEADLINE: MAY 3
\$110 Registration Fee*

Play Roller Hockey at
the New Rink!
For Boys & Girls ages 5-18



2008 REGISTRATION FORM

Player's Name: _____ Gender: M or F Birthdate: _____

Mailing Address: _____ City: _____ ZIP: _____

Mother: _____ Phone: _____ Cell/Work: _____

Father: _____ Phone: _____ Cell/Work: _____

Email: _____

Has this info changed from last year? Yes No

Do you play CYA Football in the Fall? Yes No

Position: Center/Forward Defense Goalie (circle one) Special Requests _____

Experience: Advanced Intermediate Beginner (circle one) New to league? Yes No Jersey Size: _____
(YS YL S/M L/XL)

Would you be interested in playing in the Fall, in September/October/November? Yes No

Medical Release/Authorization and Information

Name of Player: _____ Any significant illness, condition or injury: _____

Emergency Contact (other than parent): _____ Relationship: _____

Phone (Work/Home): _____ Name of family physician _____

Phone: _____ Insurance Carrier: _____ Policy #: _____

Are there any medical reasons that would limit or prevent you or your child from participating in any NCHL activity or function? (check one) Yes No If YES, please explain _____

In case of an emergency, if family physician cannot be reached, I hereby authorize treatment by another physician who is available.

DATE: _____ SIGNATURE: _____

(Please sign both sides of form)

To register:

- Complete and sign the enrollment form (both sides).
- Attach your check for **\$110*** payable to **CYA**
- Attach a copy of birth certificate *if new to league*.
- Drop off, or mail application & check (by May 3) to:

✓ **CYA NCHL**
PO Box 539
Half Moon Bay, CA 94019
728-2255

*For 2008, \$110 fees includes membership in the Boys & Girls Club of the Coasts! (Scholarships are available)



Equipment Required

Helmet with full face cage, gloves, in-line skates, knee/shin guards, elbow pads, mouth guard, hard cup, & hockey stick. (Don't have all the equipment? Don't worry; we have an equipment swap!)

Dates: Season runs June 1-Aug. 3
Games on Sundays

Practice: Up to once per week

Squirt: 5-8
PeeWee: 9-11
Bantam: 12-14
Midget: 15-18

Questions?

Call NCHL Hotline at
650-728-2255 (24/7 voice mail)

HALF MOON BAY HIGH SCHOOL USE AGREEMENT AND SAFETY PLAN PARENT AND PLAYER ACKNOWLEDGEMENT AGREEMENT

Letter to Hold Harmless to all members (and their guests, parents, spectators, referees) affiliated with the Cabrillo Unified School District (CUSD), North Coast Hockey League (NCHL) and Boys & Girls Club of the Coastsides for participation in games, practices, and events at the Half Moon Bay High School.

The rules and regulations that follow have been set forth by Cabrillo Unified School District (CUSD), the County of San Mateo, the Boys & Girls Club of the Coastsides, and the North Coast Hockey League, and must be adhered to by all.

1. Activities will be supervised by a coach or NCHL representative at all times.
2. No one is permitted inside designated boundaries or equipment areas, except coaches or NCHL representatives.
3. Only vehicles designated for equipment, supplies and maintenance will be allowed on the premises with the exception of special use approved by NCHL, CUSD, and the Boys & Girls Club of the Coastsides.
4. Area will be inspected and repaired for any debris, equipment, hazards, and all such items will be stored in proper places after each use.
5. Gates will be secured, except during usage.
6. All games, practices and events will be pre-scheduled with NCHL, the Boys & Girls Club of the Coastsides, and CUSD.
7. Proper First Aid Kits will be on site during usage.
8. No pets will be allowed on the playing surface and proper pet care will be required.

HOLD HARMLESS AGREEMENT

The North Coast Hockey League and its representatives, coaches, players, parents and spectators shall at all times relieve, indemnify, protect and hold harmless the Cabrillo Unified School District, San Mateo County, and the Boys & Girls Club of the Coastsides, and each of its boards, officers and employees, from any and all claims and liability, including expenses incurred in defending the same, for the death of or injury to persons or damage to the property including property owned, controlled or in the possession of county that may in whole or in part arise from or be caused by (a) the operations, maintenance, use or occupation of the premises; (b) the acts, omissions, or negligence of NCHL, its agents, officers, employees, members, invitees or permittees; or (c) the failure of the NCHL, its agents, officers, employees, members, invitees or permittees, to observe or abide by any of the terms and conditions of the agreement, or any applicable federal, state, county or municipal law or regulation. I hereby acknowledge that I have read the above stated safety plan, rules and regulations of the North Coast Hockey League, the Boys & Girls Club of the Coastsides, and CUSD and agree to comply with the terms and conditions of this agreement.

Player's Name: _____ Player's Signature: _____

Parent's Signature: _____ Date: _____

INSURANCE DISCLOSURE: The League has Group Accident Insurance Coverage for liability, with a given deductible and a specified maximum amount for each accident incurred. The League Insurance is considered secondary coverage, when there is a valid and collectable coverage provided by the parent's separate insurance. In executing the foregoing release, I, the undersigned, hereby acknowledge and represent that (a) I understand that any claim for medical service which arises out of injury must be reported to a league official within TWENTY (20) DAYS of the date of injury; (b) I have read the foregoing release and understand it, and sign it voluntarily. I understand that any registration fee or other sum paid does not constitute a direct premium for insurance.

PARENTS CONTRACT As the parent or guardian of the child named above, I hereby consent to abide by and ensure that my child will abide by all the rules, guidelines, policies and directives established by the North Coast Hockey League (NCHL). I understand that I may be asked to leave the premises of an NCHL activity and/or my child may be suspended or expelled from the League, if in the judgment of an NCHL official, my behavior is deemed to be (1) inconsistent with this contract and / or (2) the goals and philosophies of the NCHL and / or (3) inappropriate and not in the best interest of the children, parents, spectators, officials, or all persons in attendance at any NCHL function and / or (4) if my behavior is abusive or degrading and / or (5) may cause harm or injury to people around me or myself. I further agree to do the following:

1. I understand that all NCHL games, practices and activities function under "Recreational Philosophy" stressing sports as a fun, healthy activity to be participated in for enjoyment and not for competitive advantage or personal achievement.
2. I will control my emotions at games and events. I WILL NOT USE OR PERMIT MY CHILD TO USE FOUL LANGUAGE. I will not yell at or criticize my child or children, other players, coaches, parents or officials of NCHL.
3. I will in no way criticize, yell at, demean, belittle, mock, taunt, question the ability or authority of or attempt to communicate with any NCHL referee, during or after a game or NCHL activity, in a hostile or aggressive manner. I WILL RESPECT an NCHL official's right not to communicate with me on the spur of the moment about issues that may be potentially controversial or, under the circumstances, not in the immediate best interest of the child participants.
4. ALL GRIEVANCES, problems, questions, etc., to be discussed with an NCHL official, coach, or volunteer will be carried on outside the presence of children, or preferable, accomplished off NCHL premises in a personal meeting or through a telephone conversation by calling 728-2255.
5. I will donate at least 4 hours of my time to assist the league this season.

Date: _____ Signed: _____

Avoid the lines!
Mail completed form
(+\$110 check payable to CYA) to:

**CYA NCHL
PO Box 539
Half Moon Bay, CA 94019**