



HNJ Formulario de Registro e informacion medica

Informacion personal		
Nombre del Jugador:		
Fecha de Nacimiento:	Genero: M F	Numero de celular:
Direccion:		
Ciudad: Englewood Jersey City Newark	Estado:	Correo Postal:
Escuela:		Grado:
Talla de la Camiza: JP/JM JG/JXG Pequena Mediana Larga XG XXG/Arquero		Talla de zapato:
Informacion personal		
Nombre de el Padre:	Numero de celular:	Numero de Casa:
Nombre de la Madre:	Numero de celular:	Numero de Casa:
Correo electronico:	Le podemos enviar informacion de HNJ via text? Si No	
Contacto en caso de emergencia		
En caso de emergencia que los padres no puedan ser localizados, puede localizer:		
Nombre:	Numero de celular:	Numero de Casa:
Informacion Medica		
Alergias:		
Otro caso medico:		
Doctor del Jugador:	Telefono:	
Compania Primaria de seguro medico:		
Nombre en la Poliza:	Numero:	Grupo #:

Aprovacion de Padres y Autorizacion de tratamiento medico

Reconociendo la posibilidad de dano fisico asociado con hockey en hielo y en consideracion con Hockey in New Jersey en aceptar la registracion de su programa de hockey en hielo y todas las actividades (los "Programas"). Por la presente yo indemnizo de cualquier forma legal a Hockey in New Jersey, sus organizaciones sus afiliados y apoyadores, sus empleados, y personal asociado incluyendo los dueños de los coliseos y facilidades que son utilizadas para los Programas en contra de cualquier cargo en favor del registrado como resultado de la participacion del registrado en el Programa y / oh por ser transportado para los mismos.

Yo autorizo my hijo / hija a recibido su examen fisico por un medico y a sido encontrado (a) fisicamente estable para participar en los Programas. Yo aqui doy mi autorizacion para dejar que un etrenador fisico y/ oh dejar que un doctor o enfermero hayude con asistencia medica a mi hijo (a) y/ oh en tratamiento y yo apruebo ser responsable financieramente por el cargo de cada asistencia oh por tratamiento.

Firma del Padre o Guardian

Fecha



NOTICIA IMPORTANTE PARA PADRES
HNJ FORMULARIO DE CONSENTIMIENTO PARA COMUNICACION

De acuerdo con el Acta de Libertad de Informacion y proteccion a la privacidad, Hockey In New Jersey necesita su consentimiento para tomar, guardar, y mantener fotos, videos, y/oh nombres de estudiantes individuales, y en grupo en varias publicaciones para informar a otras personas acerca del Programa HNJ. Esto incluye lo siguiente:

- HNJ Boletin de noticias, folletos, periodicos, revistar, reportes y/ oh paginas de web.
 - Comunicacion externa como periodicos, revistas, television, radio y/oh publicaciones en el internet. Tambien es permiso para que su hijo (a) sea fotografiado (a) y/oh entrevistado por los medios de comunicacion. (Ej.TV, radio, periodicos) Para eventos relacionados con el Programa de Hockey In New Jersey.
 - Videos, DVD , CD, para los propósitos educativos y promocionales
- Yo doy mi total consentimiento para que mi hijo (a) pueda ser fotografiado (a) nombrado (a) en comentarios para ser usado para los propositos consitentes con lo mencionado arriba en este año.
- Yo no doy permiso para que mi hijo (a) pueda ser fotografiado (a) nombrado (a) en comentarios para ser usado para los propositos consitentes con lo mencionado arriba en este año.

Nombre del Estudiante

Nombre del Padre/Guardian

Escuela

Date



Hockey In New Jersey Poliza de Telefonos Celulares / Vestuarios

Telefonos celulares y otros articulos mobiles con capacidad de grabar, incluyendo de voz, camaras, y camaras de video NO son permitidas en los vestuarios. En caso que necesite usar algun articulo mobil, estos deberan ser llevados afuera del vestuario.

Antes de entrar al vestuario, celulares deberan de ser apagados. Mientras este en el vestuario, celulares no pueden estar cerca, y deberan de estar lejos todo el tiempo.

Cualquier mal uso de telefonos celulares en el vestuario resultara en alguna de las siguientes penalidades:

Telefono celular a la vista oh presente en el vestuario= 1 Semana de Suspension
Mensajes de Texto/Llamadas en el vestuario= 1 Mes de Suspension
Tomando fotos/Videos en el vestuario = 3 Meses de Suspension

Cualquier participante de HNJ que participe en cualquier acto de mal uso de celular / acoso esta sujeto a accion apropiado de disciplina incluida pero no esta limitada a suspension, suspension permanente, y / oh recomendacion a autoridades legales.

Readmision al programa despues de alguna de estas penalidades se determinara en una reunion para restaurar que envolvera a los padres del participante.

Nombre del Participante _____

Firma del Participante _____ **Fecha** _____

Firma del Padre _____ **Fecha** _____



Hockey In New Jersey Questionario de Participante

Este cuestionario es para ayudar a Hockey in New Jersey a entender mejor los niños (as) y familias que nosotros servimos. Por favor complete el siguiente cuestionario. Gracias por participar en Hockey in New Jersey.

Es Inglés el lenguaje principal que habla en su hogar?

Si No En caso de no, que otro idioma se habla en su hogar: _____

Es Ud ciudadano de Estados Unidos?

Si No Prefiero no responder

Cuantos niños (as) tiene Ud en su hogar que son (Circule la respuesta):

6 anos y pequenos	1	2	3	4	5
6 a 10 años de edad	1	2	3	4	5
10 a 14 años de edad	1	2	3	4	5
14 a 18 años de edad	1	2	3	4	5

Cual es su raza?

Indio Americano / Nativo de Alaska
Asia
Moreno oh Afro-Americano
Hispano/Latino
Blanco
Dos oh mas razas
Prefiero no responder

Cuanto gana su familia por ano?

Menos de \$20,000
\$20,000 - \$34,999
\$35,000 - \$49,999
\$50,000 - \$74,999
\$75,000 oh mas

Sus padres oh guardianes, cual es el nivel mayor de educacion completada?

Parte de Escuela superior
Escuela superior oh equivalente (ex – GED)
Alguna Universidad, pero no finalizo
Titulo Asociado
Titulo Bachiller
Tulo Masterado

Cual de las siguientes formas representa el estado de trabajo de su padre oh guardian?

Tiempo completo, trabajando 40 oh mas horas por semana
Medio tiempo, trabajando 1-39 horas por semana
Desempleado (a)
Retirado (a)
Desabilitado (a) no puede trabajar



**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 substances at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during any 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: _____



WAIVER OF LIABILITY, RELEASE ASSUMPTION OF RISK & INDEMNITY AGREEMENT

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 on 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.

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) acknowledge, understand and assume all risks relating to ice hockey and any member team's activities, and understand that ice hockey and member team activities involve risk 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.

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.

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 affiliates associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

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.

PARTICIPANT SIGNATURE

Age: _____ Date Signed: _____

PARTICIPANT NAME (PRINT)

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

Date Signed: _____