

CO Rampage Registration Instructions for the 2017-2018 Season

In order to register with the Colorado Rampage for the upcoming 2017-2018 hockey season, you must first register with USA Hockey. If you do not have your USAH registration information, please follow the link below. Upon completion of registration with USAH, please retain a printed copy of your registration confirmation for submission to your team manager or at check-in for tryouts.

https://www.usahockeyregistration.com/login_input.action

If you have your USAH registration number, please follow the instructions below to complete your registration with the Colorado Rampage for the 2017-2018 season.

Each family will need to create an account on SportsEngine by going to www.corampage.com and selecting in the lower left corner, 'Create an account'. Then select 'Become a Member' of the Colorado Rampage by selecting that option in the lower left corner when you are logged in. If SportsEngine gives you a message that you already have an account, you may have created one in the past in association with another club or in the process of registering at another club's site for a tournament or event. You can use that account and simply 'Become a Member' of the Rampage as described above.

Each player will register for tryouts for their respective age group. Each age group will have their respective tryouts to determine player placement on the appropriate team. All players in that age group will try out at the same time.

2017-2018 Ice Fee Payment Instructions

Upon selection to a team, you must pay your player tuition for the 2017-2018 season, or make payment arrangements by selecting to do so on the payment page. Before your player(s) will be entered on the official roster, you must either (1) pay your player tuition in whole; or (2) make your first payment as part of a payment plan as selected on the payment page.

REQUIRED FORMS

For each player, you must provide the following completed forms to your team manager or present them to the registrar at tryouts (Tier2):

- Colorado Rampage Parent Code of Conduct (**COPIES MUST BE SIGNED BY BOTH PARENTS IF ATTENDING GAMES**)
- USA Hockey Participant Code of Conduct
- Consent to treat
- USA Hockey 2017-2018 registration confirmation with bar code (print confirmation)
- Copy of Birth Certificate (if it has not been verified previously)
- CAHA Player transfer (if you did not play with the Rampage in 2016-2017)
- International Transfer and related documents, if not a U.S. citizen
- Confirmation of registration with Colorado Amateur Hockey Association (CAHA) (copy of confirmation).

Parents, Coaches, Managers, Referees, Billet Family Members and Board Members, register with CAHA at:

<http://www.cohockey.org/registration-screening>

To speed up the check-in process - please print the forms, complete them, and bring them to tryouts.

If questions, contact:

Ed Blach

Colorado Rampage Registrar, PO Box 1341, Monument, CO 80132

ed@dr-ed.com

**Colorado Rampage Hockey
Parent Code of Conduct**

1. Profanity, swearing and abusive language will not be tolerated at any event or in any communication with coaches, referees, or officials.
2. Parents are not allowed to yell at the referee for what they think is a bad call. You are also not allowed to question or hassle an official during or after a game. Allow the coaches to handle all officiating matters. Remember you are a role model for your children, display good sportsmanship.
3. Do not coach your child from the glass during practice or games. Allow the coach to do his/her job.
4. At peewee and above parents are not allowed in the locker room per league policy.
5. Parents wishing to confront a coach about a coaching decision must wait 24 hours after a game or practice. This allows time for emotions to calm down. If you cannot resolve the issue with the coach you may contact the Director of Hockey. You are expected to make these contacts at reasonable hours (9am to 9pm) unless other arrangements are made.
6. Fighting will not be tolerated.
7. If you are asked to leave a game because of your behavior you will be suspended. The length of suspension will be determined by the Disciplinary Committee.
8. Booing or taunting officials, opponents or other fans is not appropriate behavior.
9. Emphasize good sportsmanship, playing by the rules, and the importance of becoming a better player by improving their skills at practice. Never force a child to play.
10. Recognize the hard work and positive points of the game for your team and your opponents no matter if you win or lose.
11. Parents will not verbally or physically abuse a child at practice or after a game.
12. Parents will support and communicate with your coach.

Violation of this code of conduct will result in an automatic review with the Disciplinary Committee and may result in a warning, suspension or dismissal of the parent or player.

Mother/Guardian Name: _____

Signature: _____

Father/Guardian Name: _____

Signature: _____

Player's name: _____

Date: _____



**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 \$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.

CAHA PLAYER TRANSFER FORM

Per Colorado Amateur Hockey Association (CAHA) Policies and Procedures, any player transferring from one Association to another Association or Team is required to obtain a Financial Release letter signed by the Association or Team President from which the player was a member the previous season or from which the player is currently a member. The Financial Release letter must be presented to the Association Registrar where the player is requesting the transfer. The letter must reflect that the player is in good financial standing with the Association or Team from where the player is requesting the transfer. All player transfers from Association or Team to another Association or Team must additionally be in compliance with individual League rules.

This form may be used in lieu of letter to meet the Financial Release requirement prior to transferring a player from one Association or Independent Team to another.

Players Name: _____
Last First MI

Address: _____

Phone Number: _____ *Include Area Code*

Old Association/Team _____

New Association/Team _____

This Financial Release identifies the subject player as being in good financial standing with the Old Association/Team and authorizes the subject player to transfer to the New Association/Team. This Financial Release is issued pursuant to the Bylaws, Rules and Regulations and Guidelines of Colorado Amateur Hockey Association (CAHA).

OLD ASSOCIATION/TEAM:

Authorized Representative: _____ *(Printed Name)*

Authorized Signature: _____

Title/Position: _____

Date: _____