



# Greater Battle Creek Ice Hockey Association (GBCIHA) 2018-2019 **Learn To Play** Registration

To register you will need to complete this registration packet and submit it with a copy of your USA HOCKEY online registration and payment for class.

## PLAYER INFORMATION – PLEASE PRINT

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Gender:  Male  Female

Will skater need rental equipment?  Yes  No

What are the skater's goals for LTP?  Ice Hockey  Recreation  Other \_\_\_\_\_



## USA HOCKEY REGISTRATION

Please provide the player's USA Hockey Registration number. If the player isn't registered with USA Hockey, please first register at <http://www.usahockeyregistration.com>.

USA Hockey Confirmation Number: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### PARENT/GUARDIAN (1)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PARENT/GUARDIAN (2)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## CLASS SELECTION

Session	Dates	Classes Available * (Pick ONE class for each session attending)	TOTAL
FALL 2	October 3 – November 14, 2018	<input type="checkbox"/> Wednesday 6:00 to 6:50—\$65.00 <i>(Skipping 10/31/2018 due to Halloween)</i>	
WINTER 1	January 9 – February 13, 2019	<input type="checkbox"/> Wednesday 6:00 to 6:50 PM—\$65.00	
WINTER 2	February 20 – March 20, 2018	<input type="checkbox"/> Wednesday 6:00 to 6:50 PM—\$65.00	
<b>TOTAL DUE</b>			

\*Dates/Times are subject to change. If changes are needed families will be notified in advance.

## ABOUT CLASSES

- Classes are offered for ages 5 and up.
- Some Learn to Skate experience required.
- Skaters are required to wear full hockey gear (can be rented from GBCIHA).
- Please arrive at least 45 mins prior to each class (to get equipment on and skates tied).



#### LEARN TO PLAY LIABILITY WAIVER

## **Learn to Skate and Learn to Play Hockey Waiver of Liability**

I, the undersigned, hereby acknowledge that I have voluntarily applied to participate, or have elected to have my child, or a minor for whom I am responsible (hereinafter "my child"), to participate in our USA Hockey sponsored program directed and taught by the GBCIHA volunteer staff. By enrolling myself or my child, I represent that I, or my child, is physically fit and able to participate in such activities. I am aware that participation in our Ice Hockey and Skating programs will involve physical activities, and I hereby acknowledge that such activities can be dangerous. I hereby accept any and all risks or injury or death associated with such participation.

In consideration of my participation in any GBCIHA programs, I hereby agree that I, on behalf of myself or my child, heirs, distributees, guardians, legal representatives and assigns will make no claim against, sue, attach the property of, or prosecute the GBCIHA, or any of its officers, directors, agents, employees, contractor or affiliates of injury or damage resulting from negligence or any other acts, howsoever caused, by employee, agent, or contractor of the GBCIHA, as a result of my participation, or the participation of my child, in all GBCIHA programs.

I have carefully read this agreement and fully understand and acknowledge its contents. I am aware that this is a release of liability and a contract between myself, the GBCIHA and its affiliates.

### **Image Release**

Participant (and the parent(s) or legal guardian(s), of participants (if applicable) hereby grant the GBCIHA the right to use any photograph(s), video images and/or other media of their child, negative or positive, for publicity, advertising and/or commercial purposes, without any compensation to the participant (and the parent(s) or legal guardians, or participant, if applicable. All negatives, slides, digital reproductions, and positives, together with all prints will constitute as GBCIHA property, solely and completely.

### **Policies Program**

The GBCIHA reserves the right to cancel, rearrange classes according to enrollment, and determine standards of conduct, behavior, and performance of participants engaging in any GBCIHA program. The GBCIHA reserves the right to terminate the stay of any skater without refund and without a formal hearing, when it is deemed to be in the interest of either the skater or the GBCIHA as determined by the program coaches, officers, or directors.

### **Medical Release**

Participant (and the parent(s) or legal guardian(s), or participant, if applicable) hereby further consent to the GBCIHA staff to obtain whatever medical treatment and/or care is deemed necessary by such staff for the health and well-being of the participant during the term of the program participation, including the consent to obtain and have administered any emergency medical or surgical treatment recommended by a physician licensed to practice medicine in the State of Michigan.

In rare instances a medical or surgical emergency requiring treatment arises in which written consent by parent(s) or guardian(s) is legally required, and the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or recovery of a participant, we request the following permission from parent(s) or guardian(s), with the understanding that every effort will be made to contact you in an emergency.

I hereby grant permission to authorize any member of the GBCIHA Staff, Revolution Arena Staff, or other physicians or surgeons, to give anesthesia and perform medical or surgical procedure(s) on my child in the event that he/she is unable to contact me when further delay might jeopardize their life or impair recovery.

Participant's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ 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](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### PLEASE COMPLETE MEDICAL HISTORY INFORMATION BELOW

#### 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<br><small>(concussion, skull fracture)</small> | <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     | 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.



# Michigan Amateur Hockey Association

We have been provided the MAHA / USA Hockey Concussion Management educational materials. It is our responsibility to read them and ask questions if there is a need. We have also been advised that we should visit the Centers for Disease Control and Prevention's information page, Injury Prevention & Control: Traumatic Brain Injury for more information. ([www.CDC.gov](http://www.CDC.gov))

Participant's name: \_\_\_\_\_

Please print

Participant's signature: \_\_\_\_\_

Please sign

Participant's Parent/Legal Guardian's name: \_\_\_\_\_

Please print

Parent/Legal Guardian's signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Witness:

\_\_\_\_\_

Print name

Title:

\_\_\_\_\_

Please print

Signature: \_\_\_\_\_

Participant's Birth Year: _____
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Concussion Materials can be found online at: <http://www.maha.org/concussionmgmt>

## CONCUSSION MANAGEMENT

On October 23, 2012, Governor Snyder signed into law legislation addressing sports-related concussions and required protocols for certain youth organizations. The governor signed two bills to inform students, coaches and parents on how to recognize a concussion. Senate Bill 1122 requires the Michigan Department of Community Health to develop both educational materials and a concussion awareness program. House Bill 5697 requires that all youth sports coaches, employees and volunteers participate in the concussion awareness program, as well as provide the educational materials to athletes.

To comply with these regulations, MAHA has adopted the USA Hockey Concussion Management Program and associated educational materials as its concussion management program. These educational materials include the Concussion Management Program handout, USA Hockey Concussion Poster and some other concussion related information. We are asking all parents and guardians to download the materials and review them with their player. Each season, players and parents will be asked to acknowledge that they have received and reviewed these materials prior to the start of the season.

Another part of the new legislation requires that coaches remove any youth athlete suspected of having sustained a concussion from all hockey activities immediately. The athlete may only return to practice or competition when the organization receives written authorization from a licensed healthcare provider. The association must retain the release for the entire time the athlete is registered with the organization, or until the athlete reaches 18. MAHA affiliated clubs, associations, coaches and administrators each have a responsibility in dealing with, reporting and retaining records of players with concussion symptoms.

Concussion can cause serious and long-term damage to young players if not treated properly. We urge you to review the materials and become familiar with the symptoms of concussions. Concussion awareness is part of our coaching education program, but many times a player's symptoms may not show until after the player has left the arena for home. Parents also need to be aware of how to identify the symptoms and learn what to do in the case you suspect a player has sustained a concussion.

**Thank you for taking the time to review these materials to ensure the safety of all our young players.**

# PUBLIC HEALTH CODE (EXCERPT)

Act 368 of 1978

333.9156 Sponsor or operation of athletic activity; compliance with section by organizing entity; exceptions.

sec. 9156.

(1) An organizing entity that is subject to this section shall ensure that it is in compliance with this section before it sponsors or operates an athletic activity in which youth athletes will participate, if that athletic activity is subject to this section.

(2) Before a youth athlete may participate in an athletic activity sponsored by or operated under the auspices of an organizing entity, the organizing entity shall do all of the following:

(a) Comply with all the requirements of this section with regard to its coaches, employees, volunteers, and other adults who are involved with the participation of youth athletes in athletic activity sponsored by or operated under the auspices of that organizing entity and who are required to participate in the concussion awareness training program developed under section 9155.

(b) Provide the educational materials developed under section 9155 to each youth athlete who participates in an athletic activity sponsored by or operated under the auspices of the organizing entity and a parent or guardian of the youth athlete.

(c) Obtain a statement signed by each youth athlete and a parent or guardian of the youth athlete acknowledging receipt of the educational material developed under section 9155. The organizing entity shall maintain the statement obtained under this subdivision in a permanent file for the duration of that youth athlete's participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age. Upon request, the organizing entity shall make the statements obtained under this subdivision available to the department.

(3) A coach or other adult employed by, volunteering for, or otherwise acting on behalf of an organizing entity during an athletic event sponsored by or operated under the auspices of the organizing entity shall immediately remove from physical participation in an athletic activity a youth athlete who is suspected of sustaining a concussion during the athletic activity. A youth athlete who has been removed from physical participation in an athletic activity under this subsection shall not return to physical activity until he or she has been evaluated by an appropriate health professional and receives written clearance from that health professional authorizing the youth athlete's return to physical participation in the athletic activity. The organizing entity shall maintain a

written clearance obtained under this subsection in a permanent file for the duration of that youth athlete's participation in athletic activity sponsored by or operated under the auspices of that organizing entity or until the youth athlete is 18 years of age. Upon request, the organizing entity shall make the written clearance obtained under this subsection available to the department.

(4) This section does not apply to an athletic activity sponsored by or operated under the auspices of an organizing entity if all of the following requirements are met:

(a) The entity is a member of a private nonprofit multisport statewide interscholastic athletic association.

(b) The athletic activity is governed by a rule established by the interscholastic athletic association described in subdivision (a), which rule establishes concussion protocols that are substantially similar to or more stringent than the concussion protocols in the training program developed, adopted, or approved under section 9155 and the removal from and return to physical activity requirements of this section, and includes an enforcement mechanism on its members.

(5) This section does not apply to an entity that would otherwise be considered an organizing entity under this section if the primary focus of the program or event sponsored by or operated under the auspices of that entity is not the participation in an organized athletic game or competition but that participation is only incidental to the primary focus of the program or event.

**USA Hockey Concussion Management Program**  
**(as adopted by MAHA, with revisions 12/7/12)<sup>1</sup>**

**Michael Stuart MD**  
**Alan Ashare MD**

A concussion is a traumatic brain injury- *there is no such thing as a minor brain injury.*

A player does not have to be “knocked-out” to have a concussion- *less than 10% of players actually lose consciousness.*

A concussion can result from a blow to head, neck or body. Concussions often occur to players who don’t have or just released the puck, from open-ice hits, unanticipated hits and illegal collisions.

The youth hockey player’s brain is more susceptible to concussion. In addition, the concussion in a young athlete may be harder to diagnosis, takes longer to recover, is more likely to have a recurrence and be associated with serious long-term effects.

This Policy applies to the youth athlete, as defined as an individual who participates in a MAHA activity and who is under 18 years of age.

**Diagnosis**

Players, coaches, parents and health care providers should be able to recognize the symptoms and signs of a concussion:

**Symptoms**

- Headache
- Nausea
- Poor balance
- Dizziness
- Double vision
- Blurred vision
- Poor concentration
- Impaired memory
- Light Sensitivity
- Noise Sensitivity
- Sluggish
- Foggy
- Groggy
- Confusion

**Signs**

- Appears dazed or stunned
- Confused about assignment
- Moves clumsily Answers slowly
- Behavior or personality changes
- Unsure of score or opponent
- Can’t recall events after the injury
- Can’t recall events before the injury

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<sup>1</sup> The USA Hockey Concussion Management Program and Post Concussion Functional Return to Play protocols were prepared by Drs. Michael Stuart and Alan Ashare. Additional materials regarding concussion management are located on the USA Hockey website ([www.usahockey.com](http://www.usahockey.com)).



## Management Protocol

1. If the player is unresponsive- call for help & dial 911
2. If the athlete is *not breathing*: start CPR ✓✓ DO NOT move the athlete ✓✓ DO NOT remove the helmet ✓✓ DO NOT rush the evaluation
3. Assume a neck injury *until proven otherwise* ✓✓ DO NOT have the athlete sit up or skate off until you have determined:
  - no neck pain
  - no pain, numbness or tingling
  - no midline neck tenderness
  - normal muscle strength
  - normal sensation to light touch
4. If the athlete is conscious & responsive without symptoms or signs of a neck injury...
  - help the player off the ice to the locker room
  - perform an evaluation
  - do not leave them alone
5. Evaluate the player in the locker room:
  - Ask about concussion *symptoms* (How do you feel?)
  - Examine for *signs*
  - Verify *orientation* (What day is it?, What is the score?, Who are we playing?)
  
  - Check *immediate memory* (Repeat a list of 5 words)
  - Test *concentration* (List the months in reverse order)
  - Test *balance* (have the players stand on both legs, one leg and one foot in front of the other with their eyes closed for 20 seconds)
  - Check *delayed recall* (repeat the previous 5 words after 5-10 minutes)
6. A player with any symptoms or signs, disorientation, impaired memory, concentration, balance or recall has a concussion.

### “When in doubt, sit them out”

Remove immediately from play (training, practice or game)

Inform the player’s parents

Refer the athlete to a qualified health-care professional

Medical clearance is required for return to play

7. If any of the signs or symptoms listed below develop or worsen: go to the hospital emergency department or dial **911**.

➤➤ Severe throbbing headache

➤➤ Dizziness or loss of coordination

- Memory loss or confusion
- Ringing in the ears (tinnitus)
- Blurred or double vision
- Unequal pupil size
- No pupil reaction to light
- Nausea and/or vomiting
- Slurred speech
- Convulsions or tremors
- Sleepiness or grogginess
- Clear fluid running from the nose and/or ears
- Numbness or paralysis (partial or complete)
- Difficulty in being aroused

**8.** An athlete who is *symptomatic* after a concussion requires complete *physical* and *cognitive rest*.

A concussed athlete should not participate in any physical activity, return to school, play video games or text message if he or she is having symptoms at rest.

Concussion symptoms & signs *evolve over time*- the severity of the injury and estimated time to return to play are unpredictable.

**9.** The athlete cannot return to participate in any team activities until the organization receives written authorization from an appropriate health professional. The organization must retain a copy of the written clearance for the duration of the youth athlete's participation in the MAHA or until the youth athlete is 18 years of age.

**10.** Although not required, a local association may refer to USA Hockey's Post-Concussion Functional Return to Play Protocols, set forth on Page 4, for further follow-up if an athlete has sustained a concussion.

## USA Hockey Post-Concussion Functional Return to Play Protocol

This protocol should not be initiated until after the athlete has been released to participate in the functional return to play protocol by a qualified health care provider. ***If symptoms appear during a functional test, the test should be stopped and the athlete monitored until symptoms resolve.*** No further functional testing should be performed that day. Functional testing may resume the following day at the previously asymptomatic level if the athlete remains asymptomatic. If symptoms do not resolve, appropriate medical attention should be obtained.

After each phase of functional testing, the presence of post-concussive symptoms should be assessed and progression to the next phase of functional testing will require the absence of post-concussive symptoms. Each phase requires ***a minimum of 1 day*** before progressing to the next phase.

