Hockey Club Member Packet

CBC students that are interested in playing hockey must fill out this packet and follow the 6 easy steps below.

Note: This packet MUST be typed!

- 1. Please TYPE and ENTER ALL INFORMATION in this Packet.
- 2. Print the completed packet out and sign where required.
- 3. Print and attach a copy of your current guarter student schedule.
- 4. Pay the \$30.00 club dues at Hawk Central.(You will need the 2 receipt copies printed at the end of this packet.)
- 5. Attach 1 copy of the receipt to this packet after paying the club dues.
- 6. Turn-in all paperwork into Brian (located in Information Services, Thornton bldg., T504).

Attention: Student Volunteers

Thank you for assisting with the CBC Hockey Club!

Although you won't be playing hockey, please fill out this packet.

Skip steps 4 & 5 listed above.



Player Information Sheet – 2013/2014

Steps:

- 1. Please **TYPE** and ENTER **ALL** INFORMATION in this Packet.
- 2. Print the completed packet out and sign where required.
- 3. Print and attach a copy of your current quarter student schedule.
- 4. Pay the \$30.00 club dues at Hawk Central. (You will need the 2 receipt copies printed at the end of the packet.)
- 5. Attach 1 copy of the receipt to this packet **after paying** the club dues.
- 6. Turn all paperwork into Brian (located in Information Services, Thornton bldg., T504).

Student Information		
Name:		
Address:		Apt #:
City:	State:	Zip Code:
Student ID #:	Date of Bi	rth:
Home Phone:	Cell Phone	e:
Cell Phone Carrier:		Accept Texts?: Yes No
Email Address:		
What is the BEST way to	contact you regarding (Please indicate all t	events & scheduling for the club? hat apply.)
Email: Home Phoe *Please note that this club highly utilizes		e: Text Message: ging to contact its club members.*
Hockey Information		
Jersey # Preferred: Jer	rsey # 2nd Choice:	Jersey Size:
Shot (L/R): Position:	"Hom	etown":
Height: We	ight:	Gender:
Registration/Insurance Information		
Primary Personal Insurance Carrier (Atta	ach Copy):	Policy #:
USA Hockey Registration/Confirmation	Number (Attach Copy):	·
Emergency Contact Information		
Emergency Contact Name (first & last):		
Phone:	_Relationship to You: _	
Emergency Contact Name (first & last):		
Phone:	_Relationship to You: _	
For Club Adviso	ors ONLY – Please do	not write in this area.
Club Dues Receipt Attached: Yes	□ No	Date Received:
Student Schedule Attached: Fall	☐ Winter ☐ Spring	
Amount of Credits Registered:		

RELEASE OF INFORMATION

TO:	ASCBC Club Member				
NAME	: :				
DATE:	:				
Club M	by provide my name, phone number, and email address to be shared with other ASCBC Members. I also release any photo taken during a club event (ie: meeting, game, practice, etc.) used as the college sees necessary.				
	I understand if the Release of Information is approved, it will remain in effect until I otherwise give notice to ASCBC that I wish to rescind this authorization.				
STUDI	ENT NAME:				
SIGNA	ATURE:				
HOME	PHONE: CELL PHONE:				
E-MAI	L:				

COLUMBIA BASIN COLLEGE ASSUMPTION OF RISK

For Students Participating in Field Trips And/Or College Activities

Activity/Event: Ice Hockey Practices, Games, Meetings, Travel Location: Varies Division/Dept: Stu Success & Engagement/Hockey ClubDates Covered: Fall 2013 - Spring 2014 Qtrs Participant Name: _____ Date of Birth: _____ Home Address: Phone: The undersigned participant and his or her parents or legal guardian, if participant is under the age of eighteen (18), does (do) hereby execute this Assumption of Risk for himself (herself) (themselves), and his (her) (their) heirs, successors, representatives and assigns, and hereby agree(s) and represent(s) as follows: I am aware that during my participation in: Hockey Games, meetings, practices, scrimmages, travel (name of specific event or activity), under the arrangements of: CBC Hockey Club (name of student club, college class, etc.), certain dangers may occur, including but not limited to: (list very specific hazards, e.g. running or walking on roads and other surfaces, including injuries from surface conditions, injuries from running or walking in general, injuries from other runners or walkers or other spectators or non-participants, and the forces of nature). cuts from skates, skating on ice, falling on the ice, being struck by pucks, sticks, players, or any other hazards associated with the sport of ice hockey, by any other equipment normally found while playing ice hockey. I understand that *Ice Hockey* (name of specific event or activity) is an inherently dangerous activity and that the risks associated with this activity are generally recognized as dangerous. In consideration of, and as part payment for, the right to participate in the specific event referenced above, and arranged for me by Columbia Basin College, I have and do hereby hold Columbia Basin College the student club/college department referenced above, harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever which may arise of or in connection with the specific event/activity referenced above. The terms thereof shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family, including minors accompanying me. I understand that the specific event or activity referenced above has many inherent risks from the standpoint of being basically a physical sport and/or activity. I acknowledge these risks and voluntarily agree to participate in this event/activity as referenced above at my own risk. I, the undersigned, have read this Assumption of Risk and understand its terms and the risks involved and accept these risks. I understand and agree by my signature hereon that I have had the opportunity to discuss this document with anyone that I might choose and that I freely sign it. I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct. **Signature of Participant** (Print Name) Date Signature of Parent or Guardian if (Print Name) Date participant is under 18 years of age

Date

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE July, 2005

Signature of Witness

COLUMBIA BASIN COLLEGE MEDICAL CONSENT

For Students Participating in Field Trips And/Or College Activities

] ,	and	•
(Print Student's Name)	(Parent of student under	the age of eighteen),
hereby grant Columbia Basin College	authority to consent to medical treatment	on:
(Print Student's name)	<u>'s</u> beha	If should the above named student
become injured or otherwise incapacita	ated during a field trip or activity associated w	vith the College.
	arrangements that are appropriate and in pon his/her injury and incapacitation, fo al care;	
To give consent in my name procedures or surgical procedures for	to any and all types of medical treatment the above referenced student;	or procedures, dental treatment or
	me to the disclosure of any confidentia f any care for the above referenced stude	
	ons, nurses, dentists, or any other individu lent, any of the types of care authorized by	
A photocopy of this instrumen	nt shall be deemed an original for all purpos	ees.
THIS MEDICAL CONSENT FORM E	EXPIRES: end of Spring Quarter 201	<u>4</u>
If any part of this Medical (instrument shall not be affected by su	Consent Form is held to be invalid under invalidity.	er any law, the remainder of this
IN WITNESS WHEREOF, I h	ave executed this Medical Consent Form o	n:
	I	
Student's Signature	(Print Name)	Date
	I	
Signature of Parent or Legal Guard Of Student Under the Age of Eigh		Date

APPROVED AS TO FORM: ATTORNEY GENERAL'S OFFICE July, 2005



ASCBC Trip/Travel Agreement – Acknowledgment of Student Conduct

I, the undersigned, am aware of and assume responsibility for my actions in participating in the following activity:

EVENT: LOCATION: DATE(S):

I hereby agree to fulfill all the terms listed below as a student to the above activity:

- 1. I understand that, as a representative of Columbia Basin College, I will stay at the lodging arranged by Columbia Basin College, and will use transportation provided/approved by Columbia Basin College to and from the activity.
- 2. I also understand that I am at the event as part of a student leadership team, club, sports team, or organization. As such a representative, I understand that my behavior and actions during this event will positively or negatively affect opinions of others about ASCBC and Columbia Basin College.
- 3. I will be present and actively participate in all aspects of this event and will represent Columbia Basin College in a professional manner.
- 4. I further understand that consuming alcohol or using non-prescription drugs en route to, during, or from this event may result in dismissal from the delegation and the event.
- 5. I understand that there is NO tolerance for threats to staff or students.
- 6. I understand that public displays of affection can cause discomfort to those around me. Therefore, I will refrain from less than professional displays of affection.
- 7. I understand that when sharing lodging with fellow students I must be respectful of each roommate's total access and use of that shared lodging space.
- 8. I will not leave the premise at which the activity takes place or participate in after-hour activities without the staff advisor's explicit permission.
- 9. I realize I may be asked to give an oral presentation to inform the ASCBC about this event.

I understand that if I do not adhere to the clauses in this contract I may be asked to reimburse the Associated Student Body of Columbia Basin College (ASCBC) and/or Columbia Basin College for any expenses incurred for my participation in the event. Furthermore, I may be suspended from future ASCBC supported travel. In addition, other disciplinary actions by the College may be enforced.

Please Print Student Name	Date	
Student Signature		



USA Hockey Consent To Treat/Medical History Form



This is to certify that on this da	te, I	, as parent or
guardian of	, (ath	lete participant), or for myself as an
adult participant, give my consen	t to USA Hockey and its medi	cal 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 ev	vents.
If said participant is covered by a	ny insurance company, please	complete the following:
Insurance Company:		
Policy Number:		
Parent/Guardian/Adult Participa	nt Signature:	Date:
•	istered team participants. For f	s, exclusions and certain limitations, urther details visit usahockey.com or
COMPLETION OF MED	DICAL HISTORY INFORMATION	ON BELOW IS OPTIONAL
EMERGENCY CONTACT		
Name:		Phone:
Address:		
Physician's Name:		Phone:
Hospital of Choice:		
MEDICAL HISTORY If the answer to any of the followin for proper first aid treatment on th	• • • • • • • • • • • • • • • • • • • •	cribe the problem and its implications
☐ Head Injury	Asthma	☐ Allergies
(concussion, skull fracture)	☐ High blood pressure	☐ Diabetes
Fainting spellsConvulsions/epilepsy	☐ Kidney problems☐ Hernia	Other
☐ Neck or back injury	☐ Heart murmur	
	oster? Yes No If yes cations? Yes No If yes	, when?, please list all medications on back.
Has a doctor placed any restriction	ns on your activity? 🔲 Yes 🛚	No If yes, please explain on back.



USA HOCKEY PARTICIPANT CODE OF CONDUCT

NAME	<u>=</u> :		
To be	read and signed by you as a member of Team: CBC Hockey Club		
Partic	ipating in USA Hockey for the <u>2013-2014</u> 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.		
Siane	d: Date:		



TCAHA PLAYER CODE OF CONDUCT

The following is a Code of Conduct which reflects the values that your Association, Board of Directors, and coaches believe are important to the development of a good hockey player. Hockey is a TEAM sport and, as such, the actions of an individual are often view as the actions of the team or of the Association. For this reason, the following expectations of your conduct have been developed. You are expected abide by them when you participate in our Association.

- 1. BE PRESENT FOR ALL PRACTICES. Call your coach before practice and let him know you will be absent, and why. Practices are designed around participation of a certain number of players, and development of new skills. Two absences immediately before a game could result in the player not participating in the game.
- 2. BE PROMPT FOR ALL TEAM ACTIVITIES. A team includes all its players. Waiting for one team member disturbs the entire team. If you will be late, call your coach to advise of this fact.
- BE IN CONTROL. Players must abide by USA Hockey Zero Tolerance Player Policy regarding use of abusive language, obscene
 gestures and fighting/wrestling before, during, or after TCAHA activities. This means there will be no tolerance of swearing or
 other offensive conduct toward any official (e.g. unsportsmanlike conduct penalty).
- 4. BE RESPECTFUL. The attitude of the players has a lot to do with the attitude of the team. During practices, games, or other TCAHA activities, coaches and other officials of the organization are to be obeyed and treated with respect.
- 5. MORALE. A hockey team represents a partnership between coaches and team members. Be supportive of teammates and offer ONLY constructive criticism. Players who consistently affect the team chemistry by receiving excessive/deliberate penalties, not passing, or not abiding by designated shift rotations could result in the player not participating in the game.
- 6. INJURIES. All injuries, no matter how slight, must be reported to your Head Coach or Team Manager immediately. Players who are involved with "attempt to injure" infractions (called and non-called) could result in the player not participating in the game.
- 7. CONDUCT. All players are expected to be on their best behavior at games home and out of town. Complaints from other Associations or facilities about a player or players will be dealt with accordingly, and could result in suspension or dismissal from TCAHA. Any damages will be the responsibility of the parents/guardians of the player or players involved. No horseplay or running. No shooting or throwing pucks, sticks, ice, or tape. Throw away garbage in locker room and stands. Do not enter ice surface until Zamboni doors are closed. Do not rest on top of the boards.
- 8. TRAVEL TO OUT-OF-TOWN GAMES. Players are not allowed to travel to out-of-town games without a parent, guardian, or adult over 21 present in the vehicle.
- 9. SUBSTANCE ABUSE. The use of illegal drugs, alcohol, cigarettes, or chewing tobacco will not be tolerated at a TCAHA sponsored activity.
- 10. THEFT. Stealing from, or damaging the equipment of other players, TCAHA, other associations, or their respective facilities will not be tolerated.
- 11. SPECTATOR ZERO TOLERANCE POLICY. When participating as a spectator during and after all USA Hockey sanctioned games, players will maintain a sportsmanlike attitude. If identified as a violator of the USA Hockey Zero Tolerance Policy, players will quietly exit from the spectator viewing and game area so the game may resume. Violators of this policy may be subject to further disciplinary action by TCAHA.
- 12. PROTECTIVE EQUIPMENT. Players are to wear all protective equipment as required by USA Hockey and PNAHA. Failure to wear the required equipment will result in removal from the ice until such equipment can be acquired. Repetitive disregard for this policy may result in suspension from a game or multiple games.

Violations of Provisions 9 or 10 will result in automatic suspension from TCAHA for the remainder of the hockey year. Repeated violations of any of the above provisions may result in the player receiving discipline measures such as missed drills and scrimmages during practices, and missed shifts during a game (or the entire game), or removal from the team. Depending on the severity of the above provisions (e.g. injury to a player), the coach may decide for that player to be removed from the team immediately.

By signing this form, you are agreeing to abide by this Code of Conduct. These provisions are for your protection and to help in your development as a hockey player and as a person.

Signature of Player	Date	
Signature of Parent (if player is under 18)	 Date	

	Account: ASCE	BC Hockey Club				
	Received For: Hockey Club Player's Club Dues/2013-2014					
	Date:					
	Budget Code:	522-264-1FNR				
	Fee Code:	AH				
	Name:					
	SID #:					
	Description		Check#	Cash	Total	
1	Player's Club L	Dues			\$30.00	
2						
		Total Deposit			\$30.00	

INSTRUCTIONS:

- 1. Take your payment and the two copies of this form to Hawk Central.
- 2. Present payment along with this form.
- 3. Hawk Central will endorse this form, and provide you with a copy as proof of payment. Attach a copy to the Hockey Club Member Packet.

**It is important that you include the endorsed copy of this form with the Hockey Club Member Packet, as you will NOT be eligible to play unless it is attached.

Thank you!



Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548.

Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at 542-0400.

This notice is available in alternative media by request.

	Account: ASCBC Hockey C	lub					
	Received For: Hockey Club Player's Club Dues/2013-2014						
	Date:						
	Budget Code: 522-264-1FNR						
	Fee Code: AH						
	Name:						
	SID #:						
	Description	Check#	Cash	Total			
1	Player's Club Dues			\$30.00			
2							
	Total Deposit			\$30.00			

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