



Santa Clara Valley Hockey Association

Celebrating Over 40 Years of Excellence

2011 – 2012 A/B Try-Outs

July 29, 2011 – August 1, 2011

IMPORTANT:

All financial obligations to previous team must be fulfilled before any player may try out.

COST: \$125 pre-register, \$150 on-site (after deadline).

\$95 pre-register, \$120 on-site (after deadline) for Mites ONLY

Fees non-refundable, non-transferable.

LOCATION: Sharks Ice at Fremont (44388 Old Warm Springs Blvd) or
Sharks Ice at San Jose (1500 s. 10th St. SJ CA 95112)

THREE WAYS TO COMPLETE PRE-REGISTRATION:

1) BY MAIL: Please provide ALL REQUIRED forms, enclose payment (checks made payable to SCVHA or complete credit card info below) and mail to address below.

DEADLINE: Postmark by Monday, July 25, 2011.

Becky Castronovo,
SCVHA Registrar
19065 Cheyenne Court
Morgan Hill, CA 95037

2) BY FAX: (408) 782-3020 (Credit Card Payments Only. No cover sheet required.)

Please provide ALL REQUIRED forms.

DEADLINE: No Later than Wednesday, July 27, 2011

3) BY E-MAIL: registrar@blackhawks.org (Credit Card Payments Only)

Please provide ALL REQUIRED forms.

DEADLINE: No Later than Wednesday, July 27, 2011

AMOUNT PAID: \$ _____ Check # _____ Credit Card

PLEASE PRINT CLEARLY AND LEGIBLY:

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____

CVC # (on back of card) _____

Any questions, feel free to contact: Becky Castronovo, Registrar at registrar@blackhawks.org or Mark Keil, President at president@blackhawks.org

www.blackhawks.org



Santa Clara Valley Hockey Association

2011 – 2012 Travel Hockey

TRY-OUT CHECK LIST

IMPORTANT:

All financial obligations to previous team must be fulfilled before any player may try-out.

COST: \$150 pre-register, \$175 on-site (after deadline) – Tier
\$125 pre-register, \$150 on-site (after deadline) – A/B Travel
\$95 pre-register, \$120 on-site (after deadline) – A/B Travel MITES ONLY

PRE-REGISTRATION REQUIREMENTS:

- Completed Player Registration Form (either on-line or with-in packet)
 - Copy of Birth Certificate or Legal Proof of Residency with a Foreign Birth Certificate (only needed for non-returning BlackHawks)
 - Proof of USA Hockey Membership – Online Registration for the Upcoming 2011-2012 . season. Available at <http://usahockeyregistration.com>
 - USA Hockey Consent to Treat/Medical History Form
 - USA Hockey Code of Conduct (Must be signed by PLAYER – not parent)
 - SJ Sharks Ice Waiver
 - Payment form
-

PRE-REGISTRATION DEADLINES:

TIER:

Postmark by Monday, July 11, 2011

Fax or e-mailed by Wednesday, July 13, 2011

A/B:

Postmark by Monday, July 25, 2011

Fax or e-mailed by Wednesday, July 27, 2011

Please check the BlackHawk website @ www.blackhawks.org for try-out schedules.



Santa Clara Valley Hockey Association

2011 – 2012 Travel Hockey

PLAYER REGISTRATION FORM

SELECT ONE: MITES SQUIRT PEEWEE BANTAM BANTAM AA
 MIDGET 16 MIDGET 16AA MIDGET 18AA

Player's Name: _____

Date of Birth: _____ Male Female

USA Citizen: Yes No* If No, What Country _____

(* Must provide copy of Birth Certificate, copy of valid visa, and evidence of residency)

Home Address: _____

City: _____ Zip: _____ Home Phone #: _____

Position: Goalie Defense Forward Shoots: Left Right

2010-2011 Team: _____

BlackHawk Jersey #: _____ Jersey # Request (please list top 3 choices): _____

(MUST BE) 2011 - 2012 USA Hockey #: _____

(to Register for the 2011-2012 Season go to: https://www.usahockeyregistration.com/login_input.action)

Parent #1 : _____

Address Same as Player

Home Address: _____

City: _____ Zip: _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail: _____

Parent #2 : _____

Address Same as Player

Home Address: _____

City: _____ Zip: _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-Mail: _____

Parent/Guardian – In what capacity are you willing to volunteer?

Team Director Team Manager Team Parent Team Webmaster

Team Reporter Fundraising Awards Ceremony Other: _____

AMOUNT PAID: \$ _____ Check # _____ Credit Card

PLEASE PRINT CLEARLY AND LEGIBLY:

Name on Credit Card: _____

Credit Card #: _____ Exp: _____

CVC # (3 digit # on back of card): _____



**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.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

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.