



**MENTOR
ICE ARENA**

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Welcome to the 2021-2022 Mentor Youth Hockey Travel season

What this packet includes:

- Player Payment Form
- Player Code of Conduct
(Must be signed by player and parent)
- Medical form

Please return these forms
with \$500 (non refundable)
payment by: May 3, 2021

USA Hockey 21' 22' Registration:

2021 USA Hockey Registration must be turned in with
this packet!

* Go to: <https://membership.usahockey.com> follow the
instructions and print out the finished registration receipt.

Remaining balance due:
June 15, 2021

What your Player Registration fee covers:

- Two one-hour practice slots per week
- CSHL Game Slots
- CSHL League Fees
- Cost of Instructors for Monday Night Skills.

It is important to note that the cost of the **ice time** for Monday Night Skills is
paid for by the Mentor Youth Booster Club and that those finances are raised
through the Boosters' fundraising efforts. See Below

Season Fees do not include extra ice time, travel fees, or tournaments



Boosters Club Fundraiser

Once practices begin for the season, you will be given 10 lotto tickets (per skater) to sell as a fundraiser. You may also
choose to forego selling tickets and pay \$100 to the MYH booster club directly. More information to come.

Please do not include the \$100 in your season registration costs.



Mentor Youth Hockey 21'-22' Season

\$500 non refundable payment due May 3, 2021 Remaining payment due June 15, 2021. Payment form, player commitment form, USA hockey registration 21' 22' season, and medical form due with payment by May 3rd.

Player's Name: _____

Date of Birth: _____ **Age as of 12/31/2021** _____

Home Phone: _____ **Email Address:** _____

Parent/ Guardian 1: _____ **Phone #:** _____

Parent/ Guardian 2: _____ **Phone #:** _____

Address:

(Street)

(City)

(Zip Code)

Player Division: _____ **Team Assigned:** _____

Please Circle:

Division	Mite	Squirt	PeeWee	Bantam	Goalie
Resident	\$800	\$850	\$875	\$900	\$200
Non- Resident	\$900	\$950	\$975	\$1000	\$200

\$500 non refundable deposit due May 3, 2021. Remaining payment due June 15, 2021.

Cards are not kept on file with the City of Mentor

Registration fees for the season: Fees will cover ice times, team base fee for CSHL, preseason and regular game fees and *Monday Night Skills Instructor fees*.

Fees do not cover extra ice times, tournaments, or travel fees.

Refunds are only issued for medical emergencies.

Amount enclosed: _____ (\$500 or full) you will be charged full amount if nothing is filled in

Check # _____ **Payable to: CITY OF MENTOR** _____ **Cash Amount**

Credit Card: MC _____ **Visa** _____

Credit Card # _____ **Exp Date:** _____ **CVC code:** _____

Parent/ Guardian Signature: _____ **Date:** _____



Code of Conduct



Players Code of Conduct

- ◆ Play for FUN
- ◆ Work hard to improve your skills.
- ◆ Be a team player – get along with your teammates.
- ◆ Learn teamwork, sportsmanship and discipline.
- ◆ Be on time for practices and games.
- ◆ Learn the rules and play by them. Always be a good sport.
- ◆ Respect your coach, your teammates, your parents, opponents and officials.
- ◆ Never argue with an official's decision.

Player's Signature _____ **Date** _____

Parents Code of Conduct

- ◆ Do not force your children to participate in sports, but support their desires to play their chosen sport. Children are involved in organized sports for their enjoyment. Make it fun.
- ◆ Encourage your child to play by the rules. Remember, children learn best by example so applaud the good plays of both teams.
- ◆ Do not embarrass your child by yelling at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.
- ◆ Emphasize skill development and practices and how they benefit your young athlete. De-emphasize games and competition in the lower age groups.
- ◆ Know and study the rules of the game, and support the officials on and off the ice. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.
- ◆ Applaud a good effort in both victory and defeat, and enforce the positive points of the game. Never yell or physically abuse your child after a game or practice – it is destructive. Work toward removing the physical and verbal abuse in youth sports.
- ◆ Recognize the importance of volunteer coaches. They are important to the development of your child and the sport. Communicate with them and support them.
- ◆ If you enjoy the game, learn all you can about hockey – and volunteer.
- ◆ Abide by the Spectator Code of Conduct posted at the Mentor Ice Arena.

Parent 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 \$50,000, 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: _____

City: _____ State: _____ Zip Code: _____

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.