

Arvada Hockey Association Scholarship Guidelines

This fund was created to offer a scholarship to youth hockey players to assist with fees related to their participation in the Arvada Hockey Association.

A maximum of \$1000 will be awarded seasonally per household. The scholarship will be available to any member player in good standing within the Arvada Hockey Association. The legal guardian of member player will submit the following documentation in order for a player to be considered for a scholarship:

- § Application
- § Most recent income tax return
- § Most recent report card
- § Letter of explanation, including
 - Financial need of the scholarship
 - Intention for use of funds
 - Academic qualifications due to special circumstances
 - Intention of volunteer commitment

A point system will be used to analyze each submission (see attached). In addition, extraordinary personal circumstances will be considered as well as the total availability of scholarship funds available for distribution.

The AHA scholarship committee will consist of the president of AHA (per the bylaws), a minimum of one voting member of the board of directors, three members of AHA, and one member of the community. A chairperson and secretary will be nominated and voted upon seasonally during its first annual meeting of each year. The scholarship committee will meet at a minimum once a month. Minutes will be recorded within the meeting and maintained by the chair of the committee.

A response letter will be sent to each applicant outlining the committee's decision regarding the request for scholarship.

ARVADA HOCKEY ASSOCIATION

SCHOLARSHIP APPLICATION

2007 - 2008

The undersigned individual is applying for an Arvada Hockey Association Scholarship and agrees to abide by the standard terms and conditions if the scholarship is granted.

Participant Name
(one per application)

Participant's Social Security Number

Scholarship Request \$
(up to \$1000 p/household seasonally)

Gender

Age

Grade In School

GPA

School Name

School Phone

School Fax

Parent/Guardian Name

Home Address

Telephone

Fax

Primary Employer

Work Phone

Work Fax

Please list all adults in the household. Complete information and documentation must be provided.

Name	Gross Income \$	Additional Income \$	Total Income \$
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Name	Gross Income \$	Additional Income \$	Total Income \$
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Name	Gross Income \$	Additional Income \$	Total Income \$
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Name	Gross Income \$	Additional Income \$	Total Income \$
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Please list all other children in the household.

Name	Gender	Age	Grade	Plays Hockey Yes No	Where
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Name	Gender	Age	Grade	Plays Hockey Yes No	Where
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Name	Gender	Age	Grade	Plays Hockey Yes No	Where
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Name	Gender	Age	Grade	Plays Hockey Yes No	Where
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Name	Gender	Age	Grade	Plays Hockey Yes No	Where
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The Arvada Hockey Association Scholarships are granted taking into consideration the following:

- § Availability of Funds
- § Financial Need of Applicant
- § Academic Record and Standing of Program Applicant

I am responsible for reading and completing the following information in order to apply for a AHA scholarship.

1. Please provide an explanation for the use of requested scholarship funds including total cost of fees \$_____.
2. Please provide additional information identifying any additional expenses or circumstances that impact your ability to afford.
3. Attach a copy of most recent income tax statement filed for legal guardian of member player.
4. Attach a copy of most recent report card issued and include an explanation for any special circumstances.
5. How much volunteer commitment can you provide to Arvada Hockey Association beyond minimum expectations.

I hereby certify that all of the information on this form is true and correct. I understand that the Arvada Hockey Association Scholarship Committee may verify this information. Deliberate misrepresentation may be subject to termination for further financial assistance. I understand that any financial assistance is granted through a committee process and the Program Director is not responsible for the decisions of the committee. I understand that there are conditions and requirements for continued financial support, and that support may be terminated if conditions are not met. I understand that Arvada Hockey Association scholarships are awarded seasonally, and that I must apply seasonally for scholarship opportunities.

Authorized Signature

Date

Printed Name



**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 2007-2008 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.

Parent(s) and Player understand and agree that any disciplinary sanctions imposed upon him/her by the AHA Grievance Committee or the AHA Board of Directors may be shared with other youth hockey associations in the CCYHL, CAHA and USA Hockey.

Signed: _____

Date: September 1, 2007



USA HOCKEY
CONSENT TO TREAT

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:

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____

(parent/guardian or adult participant)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ 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 www.usahockey.com or call USA Hockey at 719-576-USAH.

(over, please)

MEDICAL HISTORY FORM

(COMPLETION OF THIS SIDE OF THE FORM IS OPTIONAL)

Name _____ Date: _____

Address: _____ Birthdate: _____

Daytime Phone: _____ Evening Phone: _____

WHO TO CONTACT IN CASE OF AN EMERGENCY?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Physician's Name: _____

Daytime Phone: _____ Evening Phone: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following?

Circle One

- | | | |
|--|-----|----|
| Head injury (concussion, skull fracture) | Yes | No |
| Fainting spells | Yes | No |
| Convulsions/epilepsy | Yes | No |
| Neck or back injury | Yes | No |
| Asthma | Yes | No |
| High blood pressure | Yes | No |
| Kidney problems | Yes | No |
| Hernia | Yes | No |
| Diabetes | Yes | No |
| Heart murmur | Yes | No |
| Allergies | Yes | No |

Please specify: _____

Injuries to:

- | | | |
|--------------|-----|----|
| Shoulder | Yes | No |
| Knee | Yes | No |
| Ankle | Yes | No |
| Fingers | Yes | No |
| Arm | Yes | No |
| Other: _____ | | |

- | | | |
|------------------|-----|----|
| Impaired vision | Yes | No |
| Impaired hearing | Yes | No |
| Other: _____ | | |

Have you had a recent tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ What? Why? _____

Has the doctor placed any restrictions on your activity? _____ Explain: _____



2007 - 2008 Hockey Season

PHOTO RELEASE

The undersigned hereby unconditionally authorizes Arvada Hockey Association, and its agents, affiliates, coaches, assistant coaches, team managers, employees, board members, representatives, and volunteers, to use any photographs, drawings, and other images of the undersigned and/or his/her family members, in any advertisement, brochure, publication, release, web site display, email message, letter, announcement, newspaper, magazine, poster, or otherwise, without paying compensation to, or obtaining further approval from the undersigned. The distribution of the foregoing may be accompanied by a written description or narrative, which the undersigned hereby approves, and agrees not to challenge or dispute, even if the description or narrative is inaccurate. The foregoing release is intended to be construed in the most liberal and broad sense possible in favor of the beneficiaries of this release.

Name _____ Date September 1, 2007

Signature (if player is under the age of 18, the legal guardian must sign)



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

Age _____

Date Signed September 1, 2007

PARTICIPANT SIGNATURE

PARTICIPANT NAME (PRINT)

Date Signed September 1, 2007

PARENT OR GUARDIAN SIGNATURE

(if Participant is 17 years of age or younger)

This form to be retained by local program.



USA HOCKEY **ZERO TOLERANCE POLICY**

In an effort to make ice hockey a more desirable and rewarding experience for all participants, the USA Hockey Youth, Junior and Adult Councils have instructed the Officiating Program to adhere to certain points of emphasis relating to sportsmanship. This campaign is designed to require all players, coaches, officials, team officials and administrators and parents/spectators to maintain a sportsmanlike and educational atmosphere before, during and after all USA Hockey sanctioned games.

Thus, the following points of emphasis must be implemented by all On-Ice Referees and Linesmen:

PLAYERS

A minor penalty for unsportsmanlike conduct (Zero Tolerance) shall be assessed whenever a player:

1. Openly disputes or argues any decision by an official.
2. Uses obscene or vulgar language at any time, including any swearing, even if it is not directed at a particular person.
3. Visually demonstrates any sign of dissatisfaction with an official's decision. Any time that a player persists in any of these actions, they shall be assessed a misconduct penalty. A game misconduct shall result if the player continues such action.

COACHES

A minor penalty for unsportsmanlike conduct (Zero Tolerance) shall be assessed whenever a coach:

1. Openly disputes or argues any decision by an official.
2. Uses obscene or vulgar language in a boisterous manner to anyone at any time.
3. Visually displays any sign of dissatisfaction with an official's decision including standing on the boards or standing in the bench doorway with the intent of inciting the officials, players or spectators.

Any time that a coach persists in any of these actions, they shall be assessed a game misconduct penalty.

OFFICIALS

Officials are required to conduct themselves in a businesslike, sportsmanlike, impartial and constructive manner at all times. The actions of an official must be above reproach. Actions such as "baiting" or inciting players or coaches are strictly prohibited.

On-ice officials are ambassadors of the game and must always conduct themselves with this responsibility in mind.

PARENTS/SPECTATORS

The game will be stopped by on-ice officials when the parents/spectators displaying inappropriate and disruptive behavior interfere with other spectators or the game. The on-ice officials will identify violators to the coaches for the purpose of removing parents/spectators from the spectator's viewing and game area. Once removed, play will resume. Lost time will not be replaced and violators may be subject to further disciplinary action by the local governing body. This inappropriate and disruptive behavior shall include:

- Use of obscene or vulgar language in a boisterous manner to anyone at any time.
- Taunting of players, coaches, officials or other spectators by means of baiting, ridiculing, threat of physical violence or physical violence.
- Throwing of any object in the spectators viewing area, players bench, penalty box or on ice surface, directed in any manner as to create a safety hazard.

Player Signature: _____

Date: September 1, 2007

Parent Signature: _____

Date: September 1, 2007

IT'S JUST A GAME... A WONDERFUL GAME AT THAT.

BIRTHYEAR

AHA Registration Form 2007-2008

Arvada Hockey Association P.O. Box 740908 Arvada, CO 8006 www.arvadahockey.com

Please read this form carefully. PLEASE PRINT CLEARLY and fill entirely. One form per player

PLAYER INFORMATION

USA Hockey Confirmation Number _____

Last _____ First (Legal) _____ Mi _____ Preferred _____ Date of Birth _____

Mailing Address _____

Male Female

City _____ State _____ Zip _____

Home Telephone _____ Email _____

PARENT/GUARDIAN INFORMATION

Player Lives with: Father Mother Both

FATHER Name _____ Cell _____ Email _____

Mother Name _____ Cell _____ Email _____

POSITION(s)	DIVISION:	<input type="radio"/> Midget Major (1989, 1990)	<input type="radio"/> PeeWee (1995, 1996)
<input type="radio"/> Skater		<input type="radio"/> Midget Minor (1992, 1992)	<input type="radio"/> Squirt (1997, 1998)
<input type="radio"/> Goalie		<input type="radio"/> Bantam (1993, 1994)	<input type="radio"/> U8 (1999, 2000)
		<input type="radio"/> Girls U19 (1988 thru 1992)	<input type="radio"/> U6 (2001, 2002)
		<input type="radio"/> Girls U14 (1993, 1994)	<input type="radio"/> Girls U12 (1995 – 1998)

FEES Non-Refundable Deposit: \$625 (If applying for a scholarship, leave this section blank)

METHOD OF PAYMENT:

Check VISA Master card American Express Discover

Check # _____ Credit Card # _____ 3 Digit # _____

Amount _____ Cardholder Name _____ Expiration Date _____

Cardholder Address _____

I understand the deposit is NON-REFUNDABLE, and is required to secure a spot with Arvada Hockey. Any requests for refunds must be made in writing to the Treasurer and will be presented to the Board of Directors for consideration

Parent/Guardian Signature _____

Date _____