



## Shanghai Thunderbird Minor Hockey Association

# 2013 PLAYER REGISTRATION FORM

This form serves as official intent to participate in the league. By completing this form, you will be placed on a protected player roster in which you have a specified period of time to make fee payment to secure your spot for the season. The deadline for fee payment will be determined by the registrar based on what time of year the application was received, plans for the player's family plans to arrive in Shanghai along with when equipment will arrive enabling the player to attend practices. STMHA reserves the right to actively recruit new players for unpaid roster spots if payment is not received by deadline.

### **Player Information (Please print clearly)**

Name: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Full Address: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Name of Compound/Condo: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Nationality: \_\_\_\_\_ Identification #/  
Passport No. \_\_\_\_\_ School: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade (ex. G1) or Year (ex. Y5) \_\_\_\_\_

Prior Skating/Hockey Experience: \_\_\_\_\_

Most Recent Association/Team: \_\_\_\_\_ Level: \_\_\_\_\_

Height (cm) \_\_\_\_\_ Weight (kgs) \_\_\_\_\_

Jersey Number Selection: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

### **Parent/Guardian Information**

Mother's Name: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_

Mother's Primary Email for STMHA Communications: \_\_\_\_\_

Previous Hockey Team Volunteer Experience: *(score keeping, team manager, coaching, game ref, etc )* \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_

Father's Primary Email for STMHA Communications: \_\_\_\_\_

Previous Hockey Team Volunteer Experience: *(score keeping, team manager, coaching, game ref, etc )* \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian Mobile: \_\_\_\_\_

Guardian's Primary Email for STMHA Communications: \_\_\_\_\_

# LIABILITY WAIVER & MEDICAL INSURANCE INFORMATION

## **Liability Waiver**

Participants and guardians hereby affirm that by enrolling in any STMHA event, participants are required to provide all protective equipment to be used and are responsible for the safety and good operating condition of said equipment. Equipment must include protective neck and mouth guard. Participants and guardians understand and agree that neither STMHA nor its members, owners, operators, sponsors, coaches or other organizations organizing events may be held liable in any way for any occurrence in connection with the league which may result in injury, death or other damage to the participant or their family or assigns. Participants and guardians have agreed to these release terms of their own free will. In addition, parent/guardian spectators, having signed this waiver, release STMHA from any liability related to injury to themselves, and any extended family or friends, resulting from being struck by stray pucks, sticks or players. STMHA reserves the right to use any photos or videos taken during its events for advertisement and promotional purposes unless indicated below.

NO, I do not wish my child be used in any promotional photos or videos without my consent.

## **Emergency Medical Care and Release of Information Consent**

In the event of an emergency and the parent/legal guardian is unavailable, the STMHA Registrar needs to have a copy of the child's passport, insurance card, and signed release for taking medical action on file in your absence. Every effort will be made to contact you and we hope we are never in this position; however, we want to be prepared in the event something occurs.

*Please provide an emergency contact:*

Emergency Name: \_\_\_\_\_ Emergency Mobile: \_\_\_\_\_

Emergency Address/Compound: \_\_\_\_\_

*Please sign your initials of understanding:*

\_\_\_\_\_ I understand that it is my responsibility to keep the team coach and/or manager advised of any change in the above information as soon as possible. In the event of a medical emergency, I understand that STMHA will try to contact the parent/guardian first and if no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

\_\_\_\_\_ I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

\_\_\_\_\_ I also authorize release of information to appropriate people (STMHA executive members, coach, physician, team manager) as deemed necessary.

\_\_\_\_\_  
Print Player Name

\_\_\_\_\_  
Player Birthdate (DD/MM/YY)

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Today's Date (DD/MM/YY)

# PLAYER MEDICAL HISTORY INFORMATION

Before a player participates in a hockey program, any medical condition or injury problem should be check by that individual's family physician.

Date of last physical examination			
Are vaccinations up to date?	Yes	No	
Hepatitis B Vaccination?	Yes	No	
Previous history of concussions?	Yes	No	
If yes, how many previous concussions has the player had?			
Fainting episodes during exercise?	Yes	No	
Epileptic?	Yes	No	
Wears glasses during sports activities?	Yes	No	
Are lenses shatterproof?	Yes	No	
Wears contact lenses during sports activities?	Yes	No	
Wears dental appliance?	Yes	No	
Hearing problem?	Yes	No	
Asthma?	Yes	No	
If yes, does the player experience sports induced asthma attacks?	Yes	No	
Trouble breathing during exercise?	Yes	No	
Heart Condition?	Yes	No	
Diabetic?	Yes	No	
If yes, what kind?	Type 1	Type 2	
Medication taken regularly?	Yes	No	
If yes, what medications?			
Allergies?	Yes	No	
If yes, what are the allergies?			
Wears a medical information bracelet or necklace?	Yes	No	
If yes, please explain medical condition:			
Has any health problems not mentioned above that would interfere with participation on a hockey team?	Yes	No	
If yes, what medications?			
Has had an illness that lasted more than a week and required medical attention in the past year?	Yes	No	
Has been admitted to the hospital in the last year?	Yes	No	
Surgeries in the last year?	Yes	No	
Presently injured?	Yes	No	
If yes, what body part?			

Please give details on any medical information not listed above. Use separate sheet if necessary.

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