

**YANKTON AREA ICE ASSOCIATION**  
**2009-2010 Figure Skating Registration Form**

Please turn this form in along with forms listed below and fees.



One registration form for each figure skater.  
No matter what program they are in.

**SKATER NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **GENDER:** Male or Female (circle one)  
(First) (MI) (Last) (month/day/year)

**SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **YAIA MEMBER 2008-2009?** Y or N (circle one)  
(Fall 2009)

**FATHER** \_\_\_\_\_ **MOTHER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ (Parents) **EMAIL** \_\_\_\_\_ (Parents)

**PHONE(DAY)** \_\_\_\_\_ **PHONE(DAY)** \_\_\_\_\_

**PHONE(EVENING)** \_\_\_\_\_ **PHONE(EVENING)** \_\_\_\_\_

**PHONE(CELL)** \_\_\_\_\_ **PHONE(CELL)** \_\_\_\_\_

**HOUSE PROGRAM - boys & girls**

This includes Figure Skaters (level 1 on up)

**Figure Skating Basic 1-6 & Basic 7-8, Free Style: What Level graduated 2008-2009** \_\_\_\_\_ (unknown, leave blank)  
(Each skater will be evaluated to see which class best suits that skater.)

\_\_\_\_ **Session 2 Basic 1-6 - \$50.00** 1/4/10 through 2/27/10

\_\_\_\_ Feb. 28th, 2010 Performance Costume Fees \$15

\_\_\_\_ **Session 2 Basic 7-8 & Free Style - \$75.00** 1/4/10 through 2/27/10

\_\_\_\_ Feb. 28th, 2010 Performance Costume Fees \$40 (tights not included)

**YOUR HELP IS NEEDED:** Please circle one, this counts toward your volunteer hours.

*Team parent/s* (consists of calling skater parents to help keep them informed and help coordinate activities). Y / N

*Organize workers for concessions during your teams assigned week:* Please circle one, this counts toward your volunteer hours. Y / N

**FORMS NEEDED IN ORDER TO SKATE:**

Consent to Treat/Medical History & Waiver of Liability Forms **NEED TO BE** filled out and attached with registration Form for all the programs. Need new one each year.

Parent Signature \_\_\_\_\_ Date Parent Signed \_\_\_\_\_

Make checks payable to Yankton Area Ice Association (YAIA): 1 for registration fees, fundraiser & performance fees & 2nd for volunteer hours(hold).  
Mail to: Yankton Area Ice Assoc. (YAIA)  
43535 305th St., Utica, SD 57067



## 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.

\_\_\_\_\_  
PARTICIPANT SIGNATURE                      Age \_\_\_\_\_                      Date Signed \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE                      Date Signed \_\_\_\_\_  
(if Participant is 17 years of age or younger)

*This form to be retained by local program.*

**1W Rev 1/03**



## 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](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

#### 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<br><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.

**For YAIA office Use Only:**

Players Name: \_\_\_\_\_

**1st Check:**

Registration Fee: skater/player \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Subtract Riverboat Days Clean up Amount (check list) - \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_ (add to fundraiser amt below)  
Fundraiser (Calendars): One skater/player 5 x \$20 = \$100  
Two skaters/players 8 x \$20 = \$160  
3 + skaters/players 10 x \$20 = \$200 + \$ \_\_\_\_\_  
Registration Fee plus the Fundraiser Amt = \$ \_\_\_\_\_  
1<sup>st</sup> Check Amt \_\_\_\_\_  
Check # \_\_\_\_\_

(Calendar #s taken \_\_\_\_\_)

**2<sup>nd</sup> Check-hold:**

Volunteer hours(hold) : 1<sup>st</sup> skater/player 15 hrs. = \$150  
2 skaters/players 20 hrs. = \$200  
3 + skaters/players 25 hrs. = \$250 \$ \_\_\_\_\_  
2<sup>nd</sup> check Amt. \_\_\_\_\_  
Check # \_\_\_\_\_  
(HOLD)

Forms received: Please put a check mark by the ones received.

Registration Form \_\_\_\_\_  
(Everyone)  
Consent to Treat/ \_\_\_\_\_  
Medical History form \_\_\_\_\_  
(Everyone)  
Waiver of Liability \_\_\_\_\_  
(Learn to Skate Program for Hockey & Figure Skater)  
(Figure Skaters)  
  
Copy of Birth Cert. \_\_\_\_\_  
(First time Hockey Player)  
  
USA Hockey Confirmation \_\_\_\_\_  
(Hockey Player)



**2009-2010**  
**YANKTON AREA ICE ASSOC REGISTRATION**

**YOUTH HOCKEY, FIGURE SKATING**  
**&**  
**LEARN TO SKATE HOCKEY**  
**LEARN TO SKATE FIGURE SKATING**

[www.yanktonice.com](http://www.yanktonice.com)



All skaters & hockey players must register by **October 15, 2009** except for the 2<sup>nd</sup> session Learn to Skate Program.

To purchase new and used equipment see [www.yanktonice.com](http://www.yanktonice.com) for a listing.

YAIA has several pieces of equipment for rental.

Scholarship money is available for those who qualify please see website or contact Registrar.

Forms needed in order to play hockey: Need new ones each year!!

1)Registration form 2) Consent to Treat/ Medical History 3) Confirmation from USA Hockey .

Learn to Skate(Hockey & Figure Skate) & Figure Skater Program forms: Need new ones each year!!

1) Registration form 2) Consent to Treat/Medical History 3) Waiver of Liability.

**\*\*First time hockey players must submit a copy of their birth certificate with the registration.\*\***

**RESPONSIBILITIES OF BEING A YAIA MEMBER**

**Registration Fee:** See attached registration form for amount due.

**Fundraiser:** Each family with one skater/player is responsible to purchase 5 raffle calendars, two skaters/players per family 8 raffle calendars and 3 or more skaters/players 10 calendars. **Learn to skate program** are **NOT** required to participate in the fundraiser, but are **encouraged**. Money & stubs to be turned in by October 26, 2009. Drawing starts November 2<sup>nd</sup>. See cost on attached sheet

**Volunteer Hours:** YAIA operates the concession stand and requires each family to work an assigned session. Volunteer hours may include time worked setting up rink, announcing & scoring during games, clean up most any time. Each family who has one skater/player is required to work 15 hours for each additional skater/player an additional 5 hours is needed per skater/players. A \$150 fee will be collected at the time of registration for one skater/player and for each additional child is \$50 more. This check will be held and shredded once the hours have met the requirements. If the session assigned conflicts with your schedule, it is your responsibility to trade with another family. If you do **NOT** plan to work in the concession stand, please indicate that you would like your fee to be deposited in YAIA's account. **Learn to skate program** are **NOT** required to participate, but **encouraged**.

**State Hockey League Jerseys: PeeWee, Bantam, & JV Girls & JV Boys teams.**

**Care of Jersey:** Wash in warm water & "DO NOT DRY IN DRYER" & then **HANG ON PLASTIC HANGER TO DRY.**

Yankton Area Ice Association is a non-profit organization run solely by dedicated people volunteering their time, ideas and energy to benefit our young athletes. Each family will be required to contribute to the operation of the YAIA facility as assigned to each team. We need your support for the upcoming season!

Any questions feel free to contact Rhonda Schenkel, YAIA Registrar @ 605-665-3076.

Make checks payable to Yankton Area Ice Association (YAIA): 1 for registration fees & fundraiser & 2<sup>nd</sup> for Volunteer hours(hold).

Mail to: Yankton Area Ice Assoc. (YAIA)  
43535 305<sup>th</sup> St.  
Utica, SD 57067