



**Mt. Lebanon Hornets**

**2017-2018**

**Tryout Information**



# 2017 – 2018 Tryout Information

## MEMBERSHIP FEES

The MLHA membership fees for the 2017-2018 season will be as listed below.

All players must participate in the MLHA Classic in January 2018. This will be the only mandatory fundraiser this year.

There will be multi-player discounts for families with multiple players playing at MLHA. The following is an explanation of the fee and discount structure.

## MLHA 2017-2018 SCHEDULE OF FEES

	2017/2018 Fee	Tryout Fee
1 Player (10U – 18U)	\$1,700	\$125
1 Player (8U)	\$750	\$75
Goalie (10U – 18U)	\$500 *	\$50
2 or more players	\$1550 each (10U – 18U) \$690 each (8U)	\$125 each (10U – 18U) \$75 each (8U)
AA Level	\$1,700 - skater \$500 - goalie	\$200 ** - skater \$50 - goalie

\*Full time goalies only, does not apply to Mites.

\*\*If you try out for the AA level team and do not make the top MLHA team at the age group, you are encouraged to try out for our other MLHA teams at no additional tryout charge, provided you notify the MLHA Board no later than the day after the AA tryouts are complete. If you are accepted on the AA team and do not accept placement, the tryout fee is not refundable. Additionally, if you are placed on the top MLHA team, \$75 of the try-out fee will be credited toward your annual player dues.

## EXAMPLE OF MULTI-PLAYER:

A family with 3 players would pay \$1550 for every Squirt through Midget level player and \$690 for every Mite level player.

The tryout fee applies to each player and is not reduced. (\*There is no discount for mite level goalies. Additionally, the discount only applies to full time goalies.)

## ONLINE PAYMENTS:

You may select the installment payment option at registration check-out.

The payment due dates will be adjusted within 48 hours of registration to reflect the 9/1/2017 and 11/1/2017 payment due dates.

## MLHA Fee Agreement for the 2017-2018 Season

I understand that by signing this agreement, I am agreeing to commit to the roster spot on the MLHA team that my child has been offered for the 2017-18 hockey season and that my first tuition installment of \$700 will be credited to my account. I also understand that if I change my mind before the start of the season (July 1, 2017) I will forfeit my first installment of \$700. I understand that the next installment (\$500) will be due on September 1, 2017. If I change my mind before the start of league (PAHL) games (October 1, 2017), I will owe MLHA a total of \$1200. If I change my mind after the start of the league (PAHL) season, I will owe MLHA the full tuition of \$1700. The only exception to this policy is a season-ending injury, or relocation out of the area at which time the tuition amount will be pro-rated. **I also understand that by signing this, I still have the option to decline the position my child is offered within the 48 hour time frame as outlined in the MLHA Decline Letter.**

The following is the rest of payment fee schedule for the 2017-2018 MLHA season once your commitment fee is applied to your season fee. All checks returned unpaid for any reason will be charged a fee of \$30.00.

### **For players at the 10U (Squirt), 12U (Peewee), 14U (Bantam), 16U and 18U (Midget) levels:**

Season fee: 1700.00

Commitment fee due at registration: \$700.00

Payment #2 due 9/1/17: \$500.00

Payment #3 (final) due 11/1/17: \$500.00

### **For goalies at the 10U (Squirt), 12U (Peewee), 14U (Bantam), 16U and 18U (Midget) levels:**

Season fee: \$500.00

**TOTAL DUE AT REGISTRATION**

### **For all players at the 8U (Mite) ADM program:**

Season fee: \$750.00

**TOTAL DUE AT REGISTRATION**

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The only fundraiser will be the MLHA Classic over MLK weekend January 2018

### **I HAVE READ AND HEREBY AGREE TO THE TERMS OF THIS AGREEMENT.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_ Players name: \_\_\_\_\_

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



# 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: \_\_\_\_\_

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<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.



**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: \_\_\_\_\_