



CYCLONE HOCKEY SCHOOL



ATHLETE ENROLLMENT

Last Name: _____ First Name: _____ M.I. _____
 Address: _____ City: _____ State: _____ Zip: _____
 Birth Date: ____/____/____ Age: _____ Current Grade _____ Gender M or F _____

How Did You Hear About Our Program? _____
Have you ever trained with us? When? _____

Phone: (____) _____ Cell Phone: (____) _____
 E-mail Address: _____ Parent's E-mail Address: _____
 EMERGENCY CONTACT: _____ EMERGENCY PH#: _____
 Father's Full Name: _____ Address (if different): _____
 Mother's Full Name: _____ Address (if different): _____

	Sport #1	Sport #2	Sport #3	Sport #4
School / Club	_____	_____	_____	_____
Sport	_____	_____	_____	_____

PAYMENT INFORMATION

Payment Policy:

Single Session Program – In order to attend single sessions held at the Cyclone Hockey School, you must notify us of your intentions prior to that Thursday and pay at the start of each session. We need this time to coordinate the sessions in terms of player groupings and daily practice schedule; we would appreciate your assistance here. Checks or cash will be accepted.

6 or 12 Session Programs – Payment is due in full before the first session of your program.

You are free to withdraw at anytime and receive a refund, but a \$50 cancellation fee will be charged to cover our administrative costs.

1) Choose Program:

- Single Sessions : \$25 each _____
- 6 Sessions : \$130 total _____
- 12 Sessions : \$250 total _____

2) I would like to purchase a Cyclone Hockey T-shirt (s) Number _____ x \$10.00 ea. = _____

3) Preferred session time:

Morning: _____ Afternoon: _____ Evening: _____

4) Select the dates you are sure you will be unavailable (can be changed by notifying us) :

5/22 5/29 6/5 6/12 6/19 6/26 7/3 7/10 7/17 7/24 7/31 8/7 8/14 8/21 8/28

5) Please mail this completed packet to:

Matt Held
 3709 Tripp St Unit 113
 Ames, IA 50014

For additional information on either of our camps, you can contact us at either:
 held@iastate.edu or cyhockey@gmail.com

Also, please identify your skater's preferred position: G _____ D _____ W _____ C _____

MEDICAL HISTORY SURVEY

Name: _____

Circle One: Yes or No

1. Do you have now or have you had in the past, problems with:

- | | | |
|--|-----|----|
| a. Headaches | Yes | No |
| b. Heart | Yes | No |
| c. Abdominal Pain | Yes | No |
| d. Breathing, e.g asthma | Yes | No |
| e. Dizzy spells / Fainting | Yes | No |
| f. Black Outs | Yes | No |
| g. Eyes (except glasses) | Yes | No |
| h. Hearing or Ears | Yes | No |
| i. Arthritis | Yes | No |
| j. Joint Pain or swelling | Yes | No |
| k. Knees, injury, giving our, swelling | Yes | No |
| l. Spine, back or neck | Yes | No |
| m. Broken Bones | Yes | No |
| n. Kidneys | Yes | No |
| o. Bladder | Yes | No |
| p. Diabetes | Yes | No |
| q. High Blood Pressure | Yes | No |
| r. Cancer | Yes | No |
| s. Operations or Surgery | Yes | No |
| t. Varicose Veins | Yes | No |
| u. Skin Disorders | Yes | No |
| v. Other Major Injuries | Yes | No |
| w. Drug Allergies | Yes | No |
| x. Eating Disorders | Yes | No |
| y. Allergies | Yes | No |
| z. Numbness, tingling in limbs | Yes | No |
| aa. Skin Rashes | Yes | No |

2. Have you had any problems with muscles, tendons, bones, or joints? Yes No

If yes, check and explain below:

- ___Head ___Elbow ___Hip ___Neck
___Thigh ___Back ___Wrist ___Knee
___Chest ___Hand ___Shin ___Calf
___Finger ___Ankle ___Arms ___Shoulder
___Foot ___Legs

3. What physical activity have you been doing the last two months? (explain)

4. Have you ever been knocked unconscious and/or had a seizure? Yes No

If yes, explain _____

5. Have you ever had a cervical spine injury? Yes No

If yes, explain _____

6. Do you have any permanent handicap or disability? Yes No

If yes, explain _____

7. Are you under the a physicians care at the present time? Yes No

If yes, explain _____

8. Are you taking any medications or drugs? Yes No

If yes, explain _____

9. Are you taking any supplements? Yes No

If yes, explain _____

10. Have you ever had any problems while exercising such as passing out, getting dizzy before or after exercise, or had chest pains while working out? Yes No

If yes, explain _____

10. Have you ever become ill while exercising? Yes No

If yes, explain _____

10. Are you allergic to any medications? Yes No

If yes, explain _____

If you answered yes to anything above, please elaborate: _____

Informed Consent:

1. My participation is voluntary and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.
2. I HEREBY CONSENT TO and PERMIT the Cyclone Hockey School coaching staff to use any of data obtained in reports or publications, but my identity will not be associated with such reports unless I have given specific permission to do so.
3. I understand that these evaluation(s) should not result in physical injury to me. However, I acknowledge the following:
In the event of physical injury resulting from the evaluation procedures, equipment usage of equipment testing, initial first aid will be provided. If further medical attention is needed, then I must look to my own health insurance policies for further medical assistance.
4. I understand that the Cyclone Hockey coaching staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or program. I certify the information to be true and correct.

Signature of Participant

Permission to Provide Medical Treatment Agreement (For Minors Only)

I HEREBY give my permission for my son/daughter, _____ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in any training at Cyclone Hockey School. I understand that the personnel of Cyclone Hockey School will perform only those procedures, which are within their training, credentialing, and scope of professional practice to prevent, care for, and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 19. I have reviewed the information provided and certify it to be true and correct.

I consent to _____ participating in the evaluation and program.

Date

Signature of Parent or Guardian

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY AND INDMIFICATION AGREEMENT

I understand and am aware that the use of the Cyclone Hockey School facilities and equipment has inherent and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents and employees, defects in the facility and equipment, the negligence of others and my own negligence or misuse.

_____/_____

If minor, parent/guardian/conservator should also initial.

RELEASE, COVENANT AND PROMISE NOT TO SUE

In consideration of being permitted to use the Cyclone Hockey training facilities, services and equipment, I hereby release, acquit and discharge the Cyclone Hockey School, and its successors and assigns, not sue or commence any action of any kind against Cyclone Hockey, its successors and assigns and its officers, directors, agents, or employees.

_____/_____

If minor, parent/guardian/conservator should also initial.

INDEMNIFICATION AGREEMENT

In consideration of being permitted to use the Cyclone Hockey facilities, services, and equipment, I agree to indemnify and hold harmless Cyclone Hockey, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments arising out of my use of the Cyclone Hockey facilities and equipment.

_____/_____

If minor, parent/guardian/conservator should also initial.

PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT

In consideration of my child/ward being permitted to use the Cyclone Hockey facilities and equipment I agree to indemnify and hold harmless Cyclone Hockey School, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the Cyclone Hockey facilities and equipment.

_____/_____

If minor, parent/guardian/conservator should also initial.

Parent Signature **Date**

Athlete Signature **Date**

Print Name

Print Name