

# UCF Roller Hockey Club



2008-2009

Player Registration  
Packet

# Checklist:

SCC Personal Data Sheet

NCRHA Player Agreement

NCRHA Consent Form and Waiver Release

SECRHL Consent Form and Waiver Release

Pay for USA Hockey Inline Insurance Online

Forward USA email to

[ucfrollerhockey@gmail.com](mailto:ucfrollerhockey@gmail.com)

Print a copy of your USA Inline Card

Printed copy of UCF Class Schedule

Photocopy of your UCF Student ID

Sign up at [www.SECRHL.net](http://www.SECRHL.net) profile(Ignore for now)

# USA Inline Insurance Instructions

1. Go to <http://www.usahockeyregistration.com/>
2. Click on Inline (Roller Hockey Players, Coaches, Referees)
3. Check that you are 18 and click continue
4. Choose "Register Myself" and "Player" then click continue
5. Fill in all required information and click continue (note whatever address you enter is where the monthly USA Hockey magazine will be sent)
6. Fill out payment information and submit payment
7. Click on the "Click Here to Open and Print"
8. Print 2 copies, 1 for your records and 1 to bring to me
9. Once printed close the screen, and then click continue on the registration confirmation
10. Now check your email, you should have a confirmation email
11. Take the email and forward it to [ucfrollerhockey@gmail.com](mailto:ucfrollerhockey@gmail.com)
12. Check off the USA Inline Checkbox on the checklist



# SPORT CLUB COUNCIL

## PERSONAL DATA SHEET

Name: \_\_\_\_\_ Club Name: Roller Hockey Club

PID: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Local Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Address (if different):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
4733 Torrance Blvd., #618  
Torrance, CA 90503

### Player Agreement

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

School Name: UCF \_\_\_\_\_

Student ID#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Primary Insurer: \_\_\_\_\_

PHOTOCOPY OF

SCHOOL ID

HERE

(must include photo)

In order to fully participate in all NCRHA events associated with my club, I agree to abide by the following statements. These guidelines were established to ensure that I behave in an appropriate and respectful manner as a student as well as a member of an organization sponsored by my college or university.

1. I will uphold my college or university's Honor Code.
2. I will not partake in the consumption of alcohol or the use of illegal drugs at recognized NCRHA events. This includes all phases of the trip away from my college or university.
3. I will abide by all local and state laws.
4. I will follow the policies set forth by the NCRHA, my regional Member Organization, the National Intramural-Recreational Sports Association, and the national governing bodies of my club.
5. I will abide by the rules and guidelines set forth by the college or university with whom we are competing or by the tournament in which we are participating.
6. I will behave in a sportsmanlike manner in all competitive or non-competitive events.
7. I will abide by the rules, regulations and requests of the hotel in which we are staying.
8. I will not participate in any activity that would be deemed harmful or destructive to any persons or private property. I understand that I am responsible for any damage to property. This includes, but is not limited to, all modes of transportation, hotels, tournament sites, recreation centers and clubs or college/university owned equipment.
9. I understand that full facial protection is mandatory.
10. I certify that I am seventeen (17) years of age or older as of September 1, 2008. If I am under eighteen (18) years of age, I have obtained parental consent via a signature below to participate in the NCRHA.

I have read and understand all of these policies set forth and agree to follow each. I also understand that if I fail to follow these guidelines I will accept full responsibility for the consequences that will be imposed on my club members and myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Required if participant is under eighteen years of age as of Sept 1, 2008)



## National Collegiate Roller Hockey Association

c/o Brennan Edwards  
4733 Torrance Blvd., #618  
Torrance, CA 90503

### Consent Form and Waiver Release

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

School Address 4000 Central Florida Blvd. Orlando FL 32816

School Phone (407) 823-2000

In case of emergency, please notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

#### (PLEASE READ CAREFULLY)

I, \_\_\_\_\_, in consideration of being permitted to participate in any activities sponsored, coordinated and/or assumed by the National Collegiate Roller Hockey Association (known hereafter as the NCRHA), individual colleges, universities, sports clubs or any facility at which I participate (known hereafter as "the organizations") assume all risk of loss, damage, illness, death or injury to person or property which I may sustain while participating or engaging in, or as a result of such activities. I also release the organizations, its' officers, trainers, administrators, and fellow members and/or associates from any and all claims, demands and causes of action on account of any loss or injury, which may occur during my participation, involvement with, or as a result thereof, whether arising through negligence, omission, default, or any other action of or by the organizations, their officers, trainers, administrators, fellow members, and/or any person or organization associated with such activities. I fully understand that the activities undertaken by the organizations may include but are not limited to risks of: heat exhaustion, dehydration, concussion, sprains, fractures, abrasions and other injuries to myself and other participants, including the risk of permanent injury and/or death.

I have been advised to seek a physical examination in order to determine my fitness for all activities undertaken by the organizations and have informed the organizations of any physical and/or medical conditions, which may prohibit or limit my participation in such activities. I am aware that there are risks associated with the activities as described above and that I may suffer property loss or bodily injury arising out of my participation in the activities. In executing this document, I also relinquish any right to sue any of the organizations, its officers, trainers, administrators, other members, and/or any person or organization associated with activities as a result of any injury, loss, or action involving the organizations. However, I voluntarily choose to assume these risks and participate in the activities. I have read and executed (printed name above and signed below) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute this affirmation and release or I must have parental consent and signature of a parent or guardian in order to participate in the activities of the above named organizations.

I further declare that I have received and read all information regarding the insurance policy offered by USA Hockey InLine in affiliation with the NCRHA, and at the time of signing this release, I am currently a member in good active status of USA Hockey InLine or intend to be as mandated by the NCRHA in order to partake in NCRHA events. I understand that full facial protection is mandatory.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Required if participant is under eighteen years of age as of Sept 1, 2008)



**SECRHL**

12106 Bruceston Way  
Orlando, FL 32828

ph: 407-493-7616  
fax: 321-251-4498

**SOUTHEAST COLLEGIATE ROLLER HOCKEY LEAGUE**  
**CONSENT FORM AND WAIVER RELEASE 2008-2009**

Name \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

School Address 4000 Central Florida Blvd. Orlando FL 32816

School Phone (407) 823-2000

In case of emergency, please notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

**(PLEASE READ CAREFULLY)**

I, \_\_\_\_\_, in consideration of being permitted to participate in any activities sponsored, coordinated and/or assumed by the Southeastern Collegiate Roller Hockey League (known hereafter as the SECRHL), individual colleges, universities, sports clubs or any facility at which I participate (known hereafter as "the organizations") assume all risk of loss, damage, illness, death or injury to person or property which I may sustain while participating or engaging in, or as a result of such activities. I also release the organizations, its' officers, trainers, administrators, and fellow members and/or associates from any and all claims, demands and causes of action on account of any loss or injury, which may occur during my participation, involvement with, or as a result thereof, whether arising through negligence, omission, default, or any other action of or by the organizations, their officers, trainers, administrators, fellow members, and/or any person or organization associated with such activities. I fully understand that the activities undertaken by the organizations may include but are not limited to risks of: heat exhaustion, dehydration, concussion, sprains, fractures, abrasions and other injuries to myself and other participants, including the risk of permanent injury and/or death.

I have been advised to seek a physical examination in order to determine my fitness for all activities undertaken by the organizations and have informed the organizations of any physical and/or medical conditions, which may prohibit or limit my participation in such activities. I am aware that there are risks associated with the activities as described above and that I may suffer property loss or bodily injury arising out of my participation in the activities. In executing this document, I also relinquish any right to sue any of the organizations, its officers, trainers, administrators, other members, and/or any person or organization associated with activities as a result of any injury, loss, or action involving the organizations. However, I voluntarily choose to assume these risks and participate in the activities. I have read and executed (printed name above and signed below) this document with full knowledge of its significance. I further state that I am 18 years of age or older and competent to execute this affirmation and release or I must have parental consent and signature of a parent or guardian in order to participate in the activities of the above named organizations.

I further declare that I have received and read all information regarding the insurance policy offered by USA Hockey Inline in affiliation with the SECRHL, and at the time of signing this release, I am currently a member in good active status of USA Hockey Inline or intend to be as mandated by the SECRHL in order to partake in SECRHL events. I have also been advised that full facial protection is mandated this season in addition to all other mandated safety equipment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if participant is under age 18) \_\_\_\_\_