



2014 Girls Summer Clinics Registration

Please bring a friend and join the MGIHA girls summer ice hockey clinics.

- There are 4 separate MGIHA Girls Summer Clinics this summer (July & August). Sign up for one or more as you wish. Gorham Friday nights (6:30 to 7:50), Falmouth Sunday nights (6:30 to 7:50), Saco Monday nights (6:30 to 7:50) and Portland Thursday nights 7 to 8 (Portland is the Bob Mills clinics for goalies and intermediate skaters).
- Learn to skate and play hockey your very first night and improve all summer.
- No equipment needed—MGIHA can lend you everything you need to play.

SELECT ONE OR MORE CLINICS:

For Beginners: **Falmouth** (Sundays) **Saco** (Mondays) **Gorham** (Fridays)

For Intermediates and Goalies: **Portland** (Thursdays, Bob Mills Clinic)

PLAYER NAME: _____ EMAIL: _____ CELL PHONE: _____
PARENT NAME: _____ E-MAIL: _____ CELL PHONE: _____
PARENT NAME: _____ E-MAIL: _____ CELL PHONE: _____
PLAYER ADDRESS: _____ CITY _____ ZIP _____
PLAYER DATE OF BIRTH: ____/____/____

HAS PLAYER HAD A CONCUSSION IMPACT TEST WITHIN THE LAST 12 MONTHS:

Y _____ N _____

MGIHA is committed to concussion awareness for every player, coach and parent. Reacting quickly to concussion symptoms is the best treatment.

For more info, go to:
<http://www.cdc.gov/concussion/>

FINANCIAL RESPONSIBILITY AND PHOTO WAIVER

As the parent or legal guardian of the above named participant, I understand that by signing this form, I assume all financial responsibility for the fees charged by MGIHA for my daughter to play hockey. I understand that as a member of MGIHA, the participants' names and/or photos may be submitted to the local newspaper and/or MGIHA & MGIHA website, unless I request, in writing to MGIHA, to exclude my child from any such article or picture. By providing my e-mail address, I acknowledge that I may receive MGIHA news, spring league news, or event notices but that I may opt out of e-mail communications at any time.

EMERGENCY CONSENT TO TREAT

This is to certify that the undersigned give my consent to MGIHA coaches and other volunteers to seek and obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participating in MGIHA sanctioned events. If participant is covered by any insurance company, please complete the following.

INSURANCE CO: _____
POLICY NO: _____
Check here if you do NOT consent to treat: _____

PARENT OR LEGAL GUARDIAN CONSENT SIGNATURE _____ DATE _____
PLAYER SIGNATURE (IF 18 YEARS OF AGE) _____ DATE _____

REGISTRATION PAYMENT INFORMATION:

CASH PAID: \$ _____ CHECK AMOUNT \$ _____ CK# _____

Mail registration and \$150 check (payable to MGIHA) to:
MAINE GIRLS ICE HOCKEY ASSOCIATION (MGIHA)
P.O. Box 15005, Portland, ME 04112
For more information write to mgija2009@gmail.com or call 207-450-53

Sponsored by:





Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing)

In consideration of being permitted to participate in any way in any Maine Girls Ice Hockey Association (MGIHA) Program and/or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below or the adult volunteers and participants agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in MGIHA activities or events, he or she should inspect the facilities and equipment to be used and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in MGIHA events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at his time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused, and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE either MGIHA or the ice hockey facility used by the participant (including but not limited to Family Ice Center in Falmouth, ME), including their owners, managers, promoters, lessees of premises used to conduct the MGIHA event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the ice hockey facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasees"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasees for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name of Participant: _____

Address of Participant: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian (on behalf of minor): _____

Date of signature: _____

Heads Up!

Concussion Signs and Symptoms

(Observed by Coaching Staff)

Athlete appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows mood, behavior, or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall
Symptoms Reported by Athlete Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to light
Sensitivity to noise
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Just not "feeling right" or is "feeling down"



Athletes who experience one or more of the signs and symptoms listed above after a bump, blow, or jolt to the head or body may have a concussion.

Heads Up! Concussion Action Plan:

If you—whether player, coach or parent--suspect that an athlete has a concussion, you should take the following four steps.

1. Remove the athlete from play.
2. Ensure the athlete is evaluated by a health care professional experienced in concussions. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give or show them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury and until a health care professional says it's OK return to play.

U.S. Department of Health and Human Services Centers for Disease Control and Prevention
January 2014

REMEMBER:

It's better to miss one game than the whole season!

For more information, please visit:

www.cdc.gov/Concussion