Club Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team / Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season Pass: \_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Legal Guardian) acknowledge that a copy of the SCAHA e-LOI has been provided to me to read and review. I have read it in its entirety.

1. I Acknowledge and agree and will be bound to the **Notices and Agreements** sectionof the e-LOI in its entirety.
2. If the above player is playing outside his age group, I acknowledge and agree and will be bound to the **Out of Age Division Consent - Acknowledgement and Release (Player Up)** section of the e-LOI which states:

In consideration of the above mentioned player to play outside of the player’s respective age group, the undersigned parent(s) or guardian(s) of the above player acknowledges and agrees to the following:

* Hockey is a contact sport and the age classifications are intended to ensure that players play with those of similar ability and physical development.
* That the parent(s) or guardian(s) accept all responsibility of allowing the above named player to skate out of their age division.
* That the parent(s) or guardians(s) have reviewed the applicable SCAHA and CAHA rules and regulations regarding the subject of this request and agree to abide by those rules and regulations.
* That the parent(s) or guardian(s) agrees to release from responsibility, the member club, SCAHA, CAHA, USA Hockey and their directors, officers and other officials from any action or injury arising out of the player playing outside of their age division.
* That the parent(s) or guardian(s) agree to release from responsibility and to defend and indemnify, to the fullest extent allowed by law, the member club, SCAHA, CAHA, USA Hockey and their directors, officers and other officials from any action or injury arising out of the player playing outside of their age division.

1. I Acknowledge and Agree and will be bound to the **CAHA Concussion Awareness Protocol** section of the e-LOI which states:

I understand that the California Amateur Hockey Association has adopted concussion-related education, awareness and protocol into their Guidebook and Rules of Play.

I understand the following guidelines and protocol exist, and will respect them if they must be instituted for any individual on the team:

1. An athlete who is suspected of sustaining a concussion of head injury in an athletic activity shall be immediately removed from the activity for the remainder of the day. Removal from play can be at the request of a coach, official, team manager, parent/guardian, or the player.
2. Athlete shall not be permitted to return to the activity until he/she is evaluated by tha licensed health care provider, who is trained in the management of concussions, active within the scope of his/her practice.
3. Further, the athlete shall not be permitted to return to activity until he or she provides the approved and completed Concussion Release form, from that same licensed health care provider who is trained in the management of concussions, acting within the scope of his/her practice

Should it be determined that a player needs to be removed from play, I understand that the protocol outline herein shall be followed for the safety of the player.

I understand that if a suspected concussion has occurred and protocol has been enacted for a player, there is no review period of negotiation as to the course of action and return to play outside of the recommendations of the licensed healthcare provider, who is trained the in management of concussions, acting within the scope of his / her practice, that has been selected to treat the player.

1. By signing below, I Authorize the Club representative to use my unique SCAHA Season Pass Number on my behalf as my acceptance and signature to complete the e-LOI document.

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Signature of Parent / Legal Guardian Date