

Instructions for SCAHA Registration

Welcome to the 2015-2016 Season. To try out for a SCAHA club this year you will need your [2015-2016 USA Hockey Membership](#) to register the player with SCAHA to acquire your 2015-2016 Season Pass. The following are the steps to acquire the Season Pass.

1. Select [Register for SCAHA](#) Link from either the Options or My Actions menu.

The screenshot displays the SCAHA website interface. At the top, a navigation bar includes links for SCAHA info, Club info, Season Info, Schedule Info, My Actions, and Registrar Support. A user greeting 'Welcome Rob Foster' is visible. On the right, an 'Options' dropdown menu is open, showing links for 'Manage Profile', 'Register For Scaha' (highlighted with a red circle), 'Change Password', and 'Logout'. The main content area features the SCAHA logo and the text 'Southern California Amateur Hockey Association'. Below this, a 'Latest SCAHA News' section contains two articles: 'SCAHA Champions' (dated Mar 22 2015) and '2015-2016 Tryout Dates' (dated Jan 19 2015). The 'SCAHA Champions' article lists winners for various age groups: Squirt A, Pee wee A, Bantam A, Midget 16A, Midget 18A, Squirt B, Squirt BB, Pee wee B, and Bantam B. The '2015-2016 Tryout Dates' article lists the earliest dates for tryouts by skill level: AAA (May 15th) and AA (June 5th).

2. Enter your USAH Number and select Next. (Note: If you've entered an invalid membership number or a duplicate membership the system will prompt you to enter a correct one).



Southern California Amateur Hockey Association

THE OFFICIAL WEBSITE OF SCAHA

Current Season: SCAHA 2015/16 Season

Step 1: USA Hockey >>

Step 2: Review >>

Step 3: Select >>

Step 4: Concussion >>

Step 5: Confirm

Please Enter The USA Hockey Confirmation Number:

Please enter your USA Hockey Confirmation Number below for the upcoming season.
Please allow up to 5 minutes between USA Hockey Membership creation and this screen. USA Hockey's process is immediate, but it takes a couple of minutes for their site to make your number available to our system.

Thank you.

USA Hockey Number: *

[→ Next](#)

3. The next step only occurs when the system finds multiple matches for your name and date of birth. If you see this page, select Next Step otherwise goto to step 5.

SCAHA info Club info Season Info Schedule Info My Actions Registrar Support Welcome Rob Foster Options

SCAHA
SOUTHERN CALIFORNIA
AMATEUR HOCKEY ASSOCIATION

Southern California Amateur Hockey Association
THE OFFICIAL WEBSITE OF SCAHA
Current Season: SCAHA 2015/16 Season

Step 1: USA Hockey >> Step 2: Review >> Step 3: Select >> Step 4: Concussion >> Step 5: Confirm

Review the Below Information for Accuracy:

Here is your chance to make sure this was the intended person you wanted to pull from USA Hockey. If it is, proceed to the next step. If this is not the person you wanted to pull, please go back and enter a Different USA Hockey Number.

First Name:	CHRIS	DOB:	04/04/1937
Last Name:	SMITH	Citizenship:	USA
Middle Init:		Gender:	M
Address:	1775 BOB JOHNSON DR	Parent/Guardian:	
City:	COLORADO SPRINGS	Home Phone:	7195381139
State, Country:	CO, USA	Work Phone:	
Zipcode:	809064026	e-mail:	CHRISS@USAHOCKEY.ORG

Back Next

4. Like Step 3 the next step only occurs when the system finds multiple matches for your name and date of birth. If you see this page select the appropriate person and select Next Step

SCAHA info Club info Season Info Schedule Info My Actions Registrar Support Welcome Rob Foster Options

SCAHA
SOUTHERN CALIFORNIA
AMATEUR HOCKEY ASSOCIATION

Southern California Amateur Hockey Association
THE OFFICIAL WEBSITE OF SCAHA
Current Season: SCAHA 2015/16 Season

Step 1: USA Hockey >> Step 2: Review >> Step 3: Select >> Step 4: Concussion >> Step 5: Confirm

Select the Best Candidate from the list for CHRIS SMITH

Below is a generated list of all our current members that best match this USA Hockey Registration (ranked).
If more than one person was located, please choose the one you think is the correct match.
If there was nothing found that was matching in our system, you have the ability to create a new member by selecting New Member Choice and moving to the final screen.

Name	Birth Day	Family Information	Notes
<input checked="" type="radio"/> Chris Smith	04/04/1937	The Smith Family (Self)	<ul style="list-style-type: none">This is an existing member to SCAHAThe person is *** NOT *** part of your family account Use Caution when completing this membership.
<input type="radio"/> Chris Smith	04/04/1937	The Smith Family (Self)	<ul style="list-style-type: none">This is an existing member to SCAHAThe person is *** NOT *** part of your family account Use Caution when completing this membership.

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5. Read and Acknowledge the Concussion Policy, click Next.

SCAHA info

Club info

Season Info


Schedule Info

My Actions

Registrar Support

Welcome Rob Foster

Options



Southern California Amateur Hockey Association
THE OFFICIAL WEBSITE OF SCAHA
Current Season: SCAHA 2015/16 Season

Step 1: USA Hockey >>

Step 2: Review >>

Step 3: Select >>

Step 4: Concussion >>

Step 5: Confirm

Review and acknowledge the CAHA/SCAHA Concussion Policy.

- I understand that the California Amateur Hockey Association has adopted concussion-related education and awareness into their Guidebook and Rules of Play.
- I understand the following guidelines exist and will respect them if they must be instituted with the above named player:
 - An athlete who is suspected of sustaining a concussion or 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
 - Athlete shall not be permitted to return to the activity until he/she is evaluated by a licensed health care provider, who is trained in the management of concussions, acting within the scope of his/her practice.
 - The athlete shall not be permitted to return to the activity until he or she receives written clearance to return to the activity from that licensed health care provider.
- Should it be determined that the above named player needs to be removed from play, I/we understand that the protocol outlined herein shall be followed for the safety of the player. Further, I/we understand that the above named player will receive concussion education during the course of the season
- I understand that if a suspected concussion has occurred and protocol has been enacted for the above named player, there is no review period or negotiation as to the course of action and return to play outside of the recommendations of the licensed healthcare provider that I/we have selected to treat the above named player.
- I understand that if I/we suspect the above named player has experienced a concussion or exhibits behavior that suggests concussion-like symptoms, I/we have the authority to remove the player from play and begin the concussion protocol with a licensed healthcare provider of my/your selection.


☐ I have read and acknowledge CAHA/SCAHA's concussion policy.

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Confirm

6. Identify whether the person is a player, coach, or manager, their relationship to you and select Create Membership.

SCAHA info Club info Season Info Schedule Info My Actions Registrar Support Welcome Rob Foster Options

 **Southern California Amateur Hockey Association**
THE OFFICIAL WEBSITE OF SCAHA
Current Season: SCAHA 2015/16 Season

Step 1: USA Hockey >> Step 2: Review >> Step 3: Select >> Step 4: Concussion >> Step 5: Confirm

Choose the Options That Best Describe PAULETTE DIGIAOCMO

Notes about PAULETTE:

- THIS IS A NEW MEMBER TO THE SYSTEM

General Comments:

- If an EXISTING Member in your account - last year's information will be pre-checked. You should not have to change much.
- If an EXISTING Member NOT in your account. You can Register them none the less. In this case, the option exists to capture the person and place them under your account. (See check-box below)
- If a NEW member to SCAHA - please select the options that best match the player.

Once, you are set with all the information, simply click the **Create Membership** button. You will receive a confirmation e-mail that contains all the information you need to participate in SCAHA this season - including the Personal Identification Number for PAULETTE.

Type (choose all that apply) * ☐ Player-Skater ☐ Player-Goalie ☐ Coach ☐ Manager

Relationship (select one) *

Back Create Membership

7. Congratulations you have completed the registration process! You will receive an email shortly after completing the process.