

LANSDALE CATHOLIC CRUSADERS ICE HOCKEY ASSOC.

Dear Hockey Players and Parents,

It's that time again. Planning is already underway for the 2016-2017 hockey season, and we need your cooperation. We plan to have teams at the **Boys Varsity, Girls Varsity, and Middle School** levels. We will also offer a **developmental program** for boys and girls starting in 1st grade.

Below you will find the necessary registration forms for the upcoming season. Please read them carefully, enter the required information and return them as soon as possible. No registration will be accepted unless all forms are completed and the required Registration Fee of \$200.00 paid. You are required to register on-line with USA Hockey this year and submit proof with this registration packet. (www.usahockey.com and see box on right of screen to register, the fee will be \$45)

So that we can appropriately plan for the upcoming season, <u>WE ARE REQUESTING THAT ALL REGISTRATION MATERIALS BE</u> <u>RETURNED BY JUNE 22nd.</u>

Listed below are the current Board Members for the 2016-2017 season. Please feel free to contact any one of us if you should have any questions or concerns. We would like to hear from you. Thank you.

Sincerely,

Joe Volpe Lansdale Catholic Crusaders Ice Hockey Association

President – Joe Volpe, 215-361-7650, volpe_j@hotmail.com Vice President – Jennifer Cooney, coondog_1@msn.com Secretary – Jean Van, van955@comcast.net Treasurer – Mike DiDomenico, 215-527-0699, mpd@rtsleepworld.com Registrar – e-mail- Icicehockey@comcast.net Web Site- www.Icicehockey.com

LANSDALE CATHOLIC CRUSADERS BOYS VARSITY

2003-04 SHSHL VARSITY 'A' CHAMPIONS 2010-11 SHSHL VARSITY 'A' CHAMPIONS 2013-14 SHSHL VARSITY 'A' Parochial CHAMPIONS **LANSDALE CATHOLIC LADY CRUSADERS** 2004-05 ICSHL CHAMPIONS 2005-06 ICSHL CHAMPIONS 2006-07 1st Place in ICSHL Division 2007-2008 ICSHL CHAMPIONS 2011-12 Flyers Cup Runner-Up 2014-15, 2015-16 ICSHL Runner Up **LANSDALE CATHOLIC MIDDLE SCHOOL** 2003-04 SHSHL CHAMPIONS 2004-05 SHSHL CHAMPIONS 2008-2009 Bucks-Mont Champions

LANSDALE CATHOLIC CRUSADERS ICE HOCKEY ASSOCIATION

Registration is not complete until the following forms have been fully completed, signed, dated and submitted:

- 1. Registration, Consent and Financial Agreement
- 2. USA Hockey Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement
- 3. Medical History Form and Consent to Treat
- 4. Contract for LCCIHA Player Conduct
- 5. Contract for LCCIHA Parent/Adult Conduct
- 6. Payment of Non-Refundable Registration Fee (will be applied to player's regular season fee)
- 7. Proof of USA Hockey Registration
- 8. Current Player Photo
- 9. Birth Certificate Copy (high school only)

Completed packets can be given to any board member or mailed to: Joe Volpe 705 Webster Ave Lansdale, PA 19446

Player level

(please check only one):

- _____ Boys High School Varsity JV (grades 9 through 12)
- _____ Boys Middle School (grades 5 8)
- _____ Girls Varsity (grades 8-12)
- _____ High School Development (grades 9-12)
- Grade School Developmental team (boys & girls grades 1-8)

2016-2017 Season Fees

Fee will be finalized based on # of players once registration is complete

Boys Varsity & JV	Will notify once registration is complete (\$1,200 based on 14 players)
Girls Varsity	Will notify once registration is complete (\$1,400 based on 15 players)
High School Development	Will notify once registration is complete (\$700 based team registration)
Middle School	Will notify once registration is complete (\$800 based on 13 players)
Grade Developmental	\$300 per session, \$525 for the whole season

Season Fees (goalies)

Fees for goalies at all levels will be 50% of skater's fee.

Payment Schedule

Registration Fee of \$200, payable to LCCIHA, is due at time of registration in June 2016 (will be applied to Season Fee). The registration fee for all registrations received after August 1, 2016 is \$225.00.

Balance to be paid as follows:

Payment #1 Due August 1, 2016
Payment #2 Due September 1, 2016
Payment #3 Due October 1, 2016
Payment #4 Due November 1, 2016 * Final payment may be adjusted based on number of players registered for team

Families will be invoiced by email. More payments can be added until Feb 1.

**Installment payment is late beginning on the first day after due date **

** Delinquent accounts may result in player not being able to practice or play until account is current**

Registration, Consent and Financial Agreement

PLAYER'S NAME: (Last)		(Fir	rst)		
Address:		_ City:		State:	Zip:
Birth date: M	F				
Home Phone No.:		Player's Cell	Phone No:		
School Attending (Fall 2016)					
Parish		_			
MOTHER'S NAME					
ADDRESS (if different)					
Telephone: (Day)					
MOTHER'S E-Mail Address					
FATHER'S NAME:					
ADDRESS (if different)					
Telephone: (Day)					
FATHER'S E-Mail Address					
Additional E-Mail Addresses					
Were you referred by another LC family?				pply the recru	itment incentive:
*** Required by ICSHL for team leve Please fill out completely.		Playing Expe		g time within	n the LC hockey club.
Sch	ool Hockey Ex	perience			
# Years school hockey experience School team last season (LC, North Po School level last season (Varsity A, J	enn, etc.) V B, MS A, etc.)			
Tra	vel Hockey Ex	perience			
# years travel experience (if any) Travel club played for last season (Ice Travel club to play for this season (Ice highest USAH level played in travel (highest USAH classification (Tier 1 A	e Dogs, Minuter Squirt, Bantam,	men, etc.) etc.)			
2016-17 USA Hockey Registration N	umber				

Please read the following carefully and follow all directions thoroughly:

- 1. MAILING LIST and PROMOTIONS I hereby authorize USA Hockey and its member teams to utilize my child's name/photographic representation in the promotion of their programs and on the LCCIHA web site.
- 2. CONDUCT. I have read, understand, and have signed the Contract for LCCIHA Player Conduct and Contract for LCCIHA Parent/Adult Conduct. I understand and agree to abide by and support current USA Hockey rules of play, conduct, and terms and conditions for membership.
- 3. RISK OF SERIOUS INJURY. I understand that there is significant risk of injury from hockey, including potential permanent paralysis and death and that, while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participation, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I have read, understand and agree to the Waiver of Liability, Release, Assumption of Risk and Indemnity Agreement as printed, and confirm that the absence of my signature on that form is due only to administrative facilitation of my child's registration. There will be NO refunds of player fees for practices or games missed as a result of a player's injury.
- 4. AUTHORIZATION. I hereby give consent to USA Hockey and its member teams to provide me/my child with emergency medical care as warranted and associated with participation on a member team during sanctioned events, and to provide housing, meals and transportation of its choice when associated with authorized team travel. I have read, understand, completed and have signed the USA Hockey Consent to Treat and Medical History forms associated with this registration packet.
- 5. ACKNOWLEDGEMENT. I acknowledge that LCCIHA has the right to place the above applicant on any team of its choosing within the Association for which the applicant is qualified. Also, the Association retains the right to transfer the above applicant player to any team within its own or other classification when it is deemed such a transfer will be beneficial to the player, or it will assist in balancing teams within the Association. It is agreed that the member will abide by the Policies and Procedures of the Crusaders Ice Hockey Association (LCCIHA).
- 6. ACCADEMIC INELIGIBILITY. I acknowledge and understand LCCIHA's Academic ineligibility policy. If the above-mentioned player receives two academic failures in one marking period (semester), the player will be considered academically ineligible. A player who is academically ineligible will be suspended from game play for one regular season game and will continue thereafter for all scheduled games (league and non-league) until either: 1) The player receives a school report without two failures, 2) The player receives a progress report from the school designating academic progress at an acceptable level in the aforementioned subject areas, or 3) A letter is submitted by the player's parents/guardians to the Executive Board of LCCIHA giving permission for the player to return to game play regardless of his/her academic ineligibility by Lansdale Catholic High School or its' feeder schools to the Executive Board of LCCIHA. There will be NO refunds of player fees for practices or games missed as a result of a player's academic ineligibility.
- 7. **FINANCIAL AGREEMENT.** This is to certify that on this date I agree and consent to pay all fees due LCCIHA as may be incurred by the above-mentioned player's participation in team/Association activities as a registered/rostered player, when due. A \$30 check charge will be assessed for any check returned to LCCIHA for any reason.

Signature of Parent/Guardian	Date	
FOR LCCIHA Use Only: Registration Packet Received: Reg'n/Consent/Financial Player Contract Waiver of Liability	Medical History & Consent to Treat Parent/Adult Contract	
Payment method: Cash Check Amount Paid: Received by:	Check Number	

USA Hockey Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

	Age	_ Date Signed
PARTICIPANT SIGNATURE		
PARTICIPANT NAME (PRINT)		
	Date Signed	
PARENT OR GUARDIAN SIGNATURE		
(if Participant is 17 years of age or younger)		
/MF		
Birth Date Gender		
Last Name First Name Middle		
Address		
City State Zip Code		
() Yes No		
Home Phone U.S. Citizen		
()		
Parent/Guardian Last Name First Name Work Phone		
OFFICE USE ONLY		
Paid Player		
Paid Coach		
Initiation Program Instructor		
Previously Registered		
Manager		
Paid Cash Check No		
Received On/Received By		

USA HOCKEY CONSENT TO TREAT

This is to certify that on this date, I, give my consent to USA Ho of, give my consent to USA Ho representative to obtain medical care from any licensed physician, the above mentioned athlete, for any injury that could arise from pa Hockey sanctioned events. If said athlete is covered by any insurance company, please compl	ckey and its medical hospital, or clinic for articipation in USA ete the following:
Name of Insurance Company:	
Address:	
Policy Number:	
Signed:	
(parent/guardian) Relationship to Athlete:	
Home Address:	
Phone: () Date:	

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details call Lisa Flores, Talbot Agency, Inc., (505) 828-4064.

To file an excess accident claim, call AIG, (800) 551-0824

(over, please)

1C Rev 8/02

MEDICAL HISTORY FORM –

Name:	Date:	
Address:	Birth Date:	
Daytime Phone:	Evening Phone:	
WHO TO CONTACT IN CASE OF AN EMERGENCY	(?	
Name:	Relationship:	
Daytime Phone:	Evening Phone:	
Physician's Name:		
Daytime Phone:	Evening Phone:	
Hospital of Choice:		

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate piece of paper.

Have you had (or do you presently have) any of the following? Circle One

Head injury (concussion, skull fracture)	Yes	No	
Fainting spells	Yes	No	
Convulsions/epilepsy	Yes	No	
Neck or back injury	Yes	No	
Asthma	Yes	No	
High blood pressure	Yes	No	
Kidney problems	Yes	No	
Hernia	Yes	No	
Diabetes	Yes	No	
Heart murmur	Yes	No	
Allergies	Yes	No	
Please specify:			
Injuries to:			
Shoulder	Yes	No	
Knee	Yes	No	
Ankle	Yes	No	
Fingers	Yes	No	
Arm	Yes	No	
Other:			
Impaired vision	Yes	No	
Impaired hearing	Yes	No	
Other:			
Have you had a recent tetanus booster? If	so, when?		
Are you currently taking any medications?	What? Why?		
Has the doctor placed any restrictions on your a	ctivity? Explain	:	
Signed:		Date:	
(Athlete)			
Signed:		Date:	
(Parent)			

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CONTRACT FOR LCCIHA PLAYER CONDUCT

The following is a Code of Conduct, which reflects the values that your Association Board and coaches believe are important to the development of a good hockey player. Hockey is a TEAM sport and, as such, the actions of an individual are often viewed as the actions of the team or of the Association. For this reason, the following expectations of your conduct have been developed. You are expected to abide by them when you participate in our Association.

- 1. **BE PRESENT FOR ALL PRACTICES.** Call your coach before practice and let him know you will be absent, and why. Practices are designed around the participation of a certain number of players and development of new skills. Two absences immediately before a game could result in the player not participating in the game.
- 2. BE PROMPT FOR PRACTICES, MEETINGS, GAMES, OR OTHER ACTIVITIES. A team includes all its players. Waiting for one team member disturbs the entire team. If you will be late, call your coach to advise him or her of that fact..
- 3. **BE IN CONTROL.** We have a Zero Tolerance Policy regarding use of abusive language, obscene gestures and fighting before, during or after LCCIHA activities. This also means there will be no tolerance of swearing or other offensive conduct toward any official.
- 4. **BE RESPECTFUL.** The attitude of the players has a lot to do with the attitude of the team. During practices, games, or other LCCIHA functions, coaches and other officials of the organization are to be obeyed and treated with respect.
- 5. MORALE. A hockey team represents a partnership between coaches and team members. Be supportive of and offer only construction criticism to teammates.
- 6. **INJURIES.** All injuries, no matter how slight, must be reported to your coach or team manager immediately.
- 7. **CONDUCT.** All players are expected to be on their best behavior at home and at out-of-town games. Complaints from other associations or facilities about a player or players will be dealt with accordingly and could result in suspension or dismissal from the Association. All damages will be the responsibility of the parents of the player or players involved.
- 8. **TRAVEL.** Players are not allowed to travel to out-of-town games without a parent, guardian, or adult over 21 present in the vehicle. (Not applicable to games held within the tri-state area: Southeastern PA, NJ or DEL)
- 9. SUBSTANCE ABUSE. The use of illegal drugs or alcohol will not be tolerated at any LCCIHA sponsored functions.
- 10. **THEFT.** Hockey is an expensive sport. Stealing from, or damaging the equipment of, other players, LCCIHA, other associations or their respective arenas will not be tolerated.
- 11. SPECTATOR ZERO TOLERANCE POLICY. When participating as a spectator during and after all USA Hockey sanctioned games, players will maintain a sportsmanlike attitude. If identified as a violator of the USA Hockey Zero Tolerance Policy, players will quietly exit from the spectator viewing and game area so the game may resume. Violators of this policy may be subject to further disciplinary action by LCCIHA.
- 12. **PROTECTIVE EQUIPMENT.** Players are to wear all protective equipment as required by USA Hockey, LCCIHA or its league affiliations during home and away practices and games. Failure to wear the required equipment will result in removal from the ice until such equipment can be acquired. Repetitive disregard for this policy may result in suspension from a game or games.

Violations of Provisions 9 or 10 will result in automatic suspension from LCCIHA for the remainder of the hockey year. There will be no refunds of player fees for games missed due to suspensions.

By signing this form, you are agreeing to abide by this Code of Conduct. These provisions are for your protection and to assist in your development as a hockey player and as a person.

Date

Date

CONTRACT FOR LCCIHA PARENT/ADULT CONDUCT

Lansdale Catholic Crusaders Ice Hockey Association (LCCIHA) is a program of service to youth. Its purpose is to provide health and constructive activity and training, under good leadership, in an atmosphere of positive community participation. We are dedicated to helping participants build character and develop skills to the best of their ability. We strive to promote equitable participation, teamwork, respect and fair play.

Each parent/adult is part of the LCCIHA and can contribute to its success. The following expectations of your behavior are essential to the success of your child, your team, and our Association.

- 1. <u>Maximize praise</u> and minimize criticism in all dealings with team members.
- 2. Stress playing hard for the self-satisfaction of achieving one's best effort and winning, rather than winning itself.
- 3. Exhibit a <u>positive attitude</u> toward coaches, referees and other parents. Most participation is by volunteers who are trying to do their best. We are all in this together.
- 4. Be an understanding and enthusiastic spectator; <u>applaud good play</u> regardless of team.
- 5. <u>Treat the referee with respect</u>, no matter what the call. Complaints from spectators have never changed a call. Both teams play with the same officials.
- 6. Your conduct at the rink should be a model for the players. Shouting negative comments, abusive language, vulgarity, public intoxication, use of tobacco in locker rooms, or use of illicit drugs have no place in our Association.
- 7. You are responsible for the appropriate conduct of your children at our rinks and on road trips: at rinks, motels and restaurants. Our aim is to project a positive imagine for the Lansdale Catholic Crusaders Ice Hockey Association.
- 8. Help players observe curfew, rest periods between games, and other training guidelines set by their coach. Support your team.
- 9. In case of illness or absence, advise the coach in advance of the practice or game.
- 10. Parents and/or spectators during and after USA Hockey sanctioned games will avoid displaying inappropriate and disruptive behavior that interferes with other spectators or the game. If identified as a violator of this USA Hockey Zero Tolerance Policy, parents and/or spectators will quietly exit from the spectator viewing and game area so that play can resume. <u>Violations of this policy may be subject to further disciplinary action</u> by the LCCIHA.
- 11. If a problem arises, talk it over with your player first; situations can be different than they might appear. If necessary, discuss issues with the Team Manager or Head Coach; often they can take action to resolve your problem. If the issue is not resolved at this level, it is to be elevated to the LCCIHA Coaching Director (when position filled). If not resolved through these channels, final disposition of any concern may then be brought to the attention of the LCCIHA Executive Board in writing.

By registering your child to play hockey and by signing this form, you are agreeing to abide by this Code of Conduct, thereby serving as a positive role model for our players.

Abusive conduct toward coaches, officials, players, or other parents cannot be tolerated and could result in suspension of your child for a specified period of time. Such a situation would be a serious loss for the player, the team, and the Association. Repeated or serious violations may result in expulsion from the LCCIHA. Please help us prevent such a situation from occurring. Be your best, so your child can be his or her best.

Parent/Guardian Signature

Date