

February 2014 - Warrior High School Hockey Spring League

All Freshman, Sophomores and Juniors who are currently attending the schools below and 8th Graders that will attend in the 2014/2015 school year are welcome to participate!

Waubonsie



Metea



Oswego



Oswego East



The Warriors Spring Program details:

Tryouts will be held on Tuesday April 8th at All Seasons Ice Rink

Current 8th Graders and Current Freshman: 7:00 – 8:25PM
Current Sophomores and Current Juniors: 8:35 – 10PM

This year the Warriors will compete in a High School Spring League at Darien Sportsplex Ice Arena (451 Plainfield Road, Darien, IL). The season will consist of a minimum of 9 league games & playoffs. Games will be played from April 12th to June 8th

There will be one practice per week (9 total per team). Practices will be 90 minutes on Tuesday or Wednesday at All Seasons Ice Arena. Training with our Warrior Goalie Coach is included in the \$450 fee for goalies. (The number of goalie sessions and training format will be determined by the number of goalies that register).

There will be one Varsity and one JV team. Player / Goalie Fee will include spring jersey, game socks, 9 practices and 9 games (and training for goalies).

Please bring to Tryouts on April 8th:

- Check in the amount of \$450 (payable to WVHC)
- Proof of current USA Hockey registration (Print from USA Hockey Website)
- All three attached forms completed with all required signatures (Player Information / Registration, Medical Authorization, and Indemnity Agreement)

For Additional information please contact:

Michael Svac
See our website at

MSvac@comcast.net
www.waubonsiehockey.com



Warriors Hockey Club
Player Information / Registration Form –2014 Spring

Please Print

Player's Name: _____ Date of Birth: _____

School: _____ Current Grade: _____

Position: _____ USA Hockey # _____

2013-2014 Team: _____

Parent's Names: _____

Address: _____

City: _____ Zip Code: _____

Email Addresses *(please print clearly)*:

Email 1 _____ Name _____

Email 2 _____ Name _____

Email 3 _____ Name _____

Phone Numbers:

Home: _____

Cell 1 _____ Name _____

Cell 2 _____ Name _____

Cell 3 _____ Name _____

***Please note:** at this time the Warrior Hockey club is only planning One Varsity Team and One JV Team for Spring 2014. Players not selected may have an opportunity to participate in Warrior practices depending on the number of players interested.



WAUBONSIE VALLEY HOCKEY CLUB MEDICAL AUTHORIZATION

Player Name _____

Parents/Guardian Names

Home Phone(s) _____

Cell Phone(s) _____

Emergency Contact Name _____ Relation to Skater _____

Emergency Contact Phone(s) _____

Medical Authorization

I, parent or legal guardian of the above named player, do give my consent and approval to any director, officer, head coach, assistant coach, or team manager of The Waubonsie Valley Hockey Club ("WVHC"), an Illinois not-for-profit corporation, or, in their absence, to any senior managerial representative of Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks to authorize and approve any reasonably necessary medical or surgical treatment, including hospital care, diagnostic examinations or tests, in the event that the above named player is injured while participating in or attending any activities operated or sponsored by Waubonsie Valley Hockey Club during the current Program Year (April 1, 2014 through July 31, 2014). This consent and authorization is valid only if, after reasonable effort has been made, the parent or legal guardian of the above named player cannot be reached to give express instructions as to the care and treatment of the above named player.

I agree to defend, indemnify and hold harmless from any liability for losses, claims, damages, costs and expenses (including attorney fees), (1) WVHC and any director, officer, head coach, assistant coach, or team manager of WVHC, and (2) Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks, and any owner, operator or senior managerial representative of the above entity; with respect to any action taken on behalf of the above named player pursuant to this Medical Authorization.

Date

Signature of Parent or Guardian

Please note that this Medical Authorization will remain with the player's team manager throughout the season. Therefore, one form per player must be completed, signed and returned to the first tryout / evaluation.



**WAUBONSIE VALLEY HOCKEY CLUB
RELEASE, ASSUMPTION OF RISK & INDEMNITY AGREEMENT
2014 Spring Hockey Season**

Player Name _____

Player Name _____

Parent/Guardian Name(s) _____

In consideration of the enrollment and participation of the participant(s) listed above ("Participants") in the Waubonsie Valley Hockey Club ("WVHC") youth hockey program for the 2014 Spring season ("WVHC Program"), which may include hockey camps, hockey clinics, skills sessions, hockey and skating lessons, the sport of ice hockey, and/or any on-ice or off-ice activities related or incident thereto, including without limitation, floor hockey, roller hockey, general conditioning and physical fitness activities, rugby and other similar sporting activities (collectively referred to as "Activities"), I, parent or legal guardian ("Parent") of the Participants, and the Participants, agree as follows:

- 1. Release.** Participant and Parent hereby waive, release, relinquish and discharge WVHC, Jackson Storage Properties, L.P. d/b/a All Seasons Ice Rinks, and any other ice arenas or facilities at which the Activities take place, together with their agents, employees, officers, owners, operators, instructors, coaches, managers, promoters, sponsors, other participants, volunteers, and contractors ("Instructors"), on behalf of the Participant and Parent, and their children, parents, heirs, executors, administrators and assigns, from and against any and all claims for liability and causes of action, including for personal injury, property damage or loss, or wrongful death occurring to Participant or Parent, arising out of or related to participation in or attendance at the Activities, whenever or however they occur and for such period as the Activities may continue.
- 2. Assumption of Risk.** Participant and Parent acknowledge, understand and assume all risks relating to the Activities, and understand that the Activities involve risks to Parent and Participant's person including bodily injury, partial or total disability, paralysis and death, and associated damages and that Participant and Parent understand these risks. Participant and Parent acknowledge that these risks and dangers may be caused by the negligence of the Participant or the negligence of others, including the Instructors and that there may be risks and dangers not known or not reasonably foreseeable at this time. Participant and Parent 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 they are assuming the risk of and are waiving the right to bring 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 such areas and for the failure to warn of dangerous conditions existing at such rinks or facilities, for negligent selection of certain Instructors, or negligent supervision or instruction by Instructors. Participant and Parent 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 release set forth in **Paragraph 1** above.



3. **Indemnification.** Participant and Parent agree that if (i) any claim for Parent’s or Participant’s personal injuries, property damage or wrongful death is commenced against Instructors; or (ii) a third party asserts a claim of personal injury, property damage or wrongful death against Instructors arising from any act or omission of Participant or Parent; then Participant and Parent shall defend, indemnify and hold harmless Instructors from and against any and all such claims or causes of action, by whomever or wherever made or asserted, for damages arising from or related to Participant’s or such third party’s personal injuries, property damage or wrongful death and all costs associated with such claims or causes of action, including attorney fees.

4. **Acknowledgments & Use of Name and Image.** Participant and Parent acknowledge and agree that (i) they have been provided sufficient opportunity to read this agreement; (ii) they understand this agreement; (iii) they are fully advised of the dangers of the Activities; (iv) participation in the Activities is voluntary; (v) they agree to be bound by the terms of this agreement; and (vi) Participant does not have any medical, physical or emotional condition that may result in injury or harm to Participant or any other party participating in the Activities. Participant and Parent agree that Participant’s name and image may be used in perpetuity in photographs, motion picture films, television broadcasts, and/or in any radio broadcasts covering or promoting the Activities, without payment to Participant or Parent in connection therewith.

5. **Miscellaneous.** This agreement shall be subject to and governed by the applicable laws of the State of Illinois, without giving effect to the principles thereof relating to conflicts of laws. Participant and Parent irrevocably agree that any legal action, suit or proceeding brought by them or on their behalf in any way arising out of this agreement must be brought solely and exclusively in Will County, Illinois and they irrevocably submit to the sole and exclusive jurisdiction of the federal and state courts in Illinois in personam, generally and unconditionally with respect to any action, suit or proceeding brought by them against the Instructors. In the event that any provision of this agreement conflicts with the law under which this agreement is to be construed or if any such provision is held invalid or unenforceable by a court with jurisdiction, such provision shall be deemed to be restated to reflect as nearly as possible the original intent in accordance with applicable law. The remaining provisions of this agreement and the application of the challenged provision to persons or circumstances other than those as to which it is invalid or unenforceable shall not be affected thereby, and each such provision shall be valid and enforceable to the full extent permitted by law. The paragraph headings used herein are for reference and convenience only and shall not be considered in the interpretation of this agreement.

(Please complete, sign and bring one form per family to first tryout / evaluation.)

Date	Signature of Parent or Guardian
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Date	Signature of Participant	Age
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Date	Signature of Participant	Age
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