



July 22, 2015

Warriors Hockey Club

Subject: 2015-2016 Season Registration

Dear Current and Future Warriors Families:

We hope everyone is enjoying the summer and looking forward to an exciting high school hockey season. The Board has been working hard on the assembly of a great program for the upcoming year and we look forward to having you as a part of our hockey program. Our commitment is to build on the success of last year and incorporate additional improvements for the upcoming year.

Last season, our players enjoyed a high level of success. All of our teams finished strong.

Varsity:

- Chicago Blackhawks, Final 4 for the combined high school division
- Illinois High School Hockey League "West" Cup Tournament Finalist
- Illinois West Winter Classic Champions

Junior Varsity:

- Chicago Blackhawk, State Finalist for the combined high school division
- Illinois High School Hockey League "West" Cup Tournament Champion
- PREP Tournament Champions
- Illinois West Winter Classic Champions

JV Gold:

- Chicago Blackhawk, Final 16 for the combined high school division
- South Suburban High School Hockey League 2nd place
- Shamrock Tournament Finalist

For the 2015-16 hockey seasons, we will continue as a "combined" high school hockey club comprised of players from Waubonsie Valley, Metea Valley, Oswego East, and Oswego High Schools. We intend to field very competitive teams at both the Varsity and Junior Varsity level and will include a second JV team for the third year that will focus on player development.

At this time we are preparing for three teams for the 2015-2016 seasons (one Varsity team and two JV teams). Players not selected for a team will be invited to participate on the Warrior Practice squad at a reduced registration fee.

This letter explains everything you need to know to be a part of the Warriors Hockey Club and it is divided into 4 parts:

- Part 1** - What the Warrior Hockey Club has to offer
- Part 2** - Important dates
- Part 3** - What you need to do to register your player(s)
- Part 4** - What is expected of Warrior Hockey Club members

The club is dedicated to providing a quality program for the development of your high school hockey athlete(s) at the best value. We all know the benefits this sport offers such as the meaning of teamwork, life long friendships, exciting physical play, and quality time together. We also recognize it is an expensive sport not subsidized by the high schools. We believe we are positioned to deliver the best possible high school hockey experience for a reasonable price. We are always open to suggestions for improvement and welcome your involvement in the club.

Part 1 What the Warrior Hockey Club Has to Offer

Besides providing each and every player the opportunity to participate in a high school sport, our Varsity and JV teams will play approximately 35 to 45 games in front of friends and peers, represent his / her school, and earn high school numerals and letters.

Players participating in the Illinois West High School Hockey League (Varsity and JV#1) and the South Suburban League (JV Gold) will have the opportunity to become a Illinois High School Hockey League All Star, be an All-State player, be eligible for a Blackhawk Scholarship, participate in the high school state playoffs, and have fun competing against other high school rivals.

In addition, the Warrior Hockey Club also has the following to offer:

- **Quality Coaching Staff** - This year the club has signed an extremely qualified and dedicated coaching staff.

The coaching staff will be led again by **Jimmy Frasco**, who will serve for his fourth year as the Varsity Head Coach. He will be responsible for the overall development of both the Junior Varsity and Varsity players. He has an extensive coaching resume, including 9 years as the Head Coach at Lockport, assistant Varsity coach at Neuqua Valley and an assistant Varsity Coach for Warrior hockey for 4 years prior to accepting the head coach position in 2012 / 2013.

We are happy to have him return as the Head Varsity Coach for his fourth season with the Warriors especially after an outstanding season of leading the Warrior Varsity team to the final 4 and an overall record of 35-21 and leading the Varsity team success by winning the Chicago Blackhawk State Championship, the Illinois West Cup Championship and the Illinois West Hockey League Division in 2013 / 2014.

Coach Frasco will be joined on Varsity by **Brian Finnerty** who has been with our program for several years in different roles both as the assistant coach for Varsity

and the head coach for our JV team and has been instrumental in our player development program. Both Jimmy and Brian have coached together for 9 years.

Jeremy Dombro will be returning to the Warrior program as the Head Coach for the JV #1 Team. Coach Dombro has been with our program for several years and is committed to developing our JV players. This will be his second year as the head coach of the JV team. He received the Illinois West League Coach of the year award in 2014/2015 and led the JV team to the Blackhawk Cup State Final game. We are excited to have him back again as a Coach and a Teacher at Metea Valley High School.

Coach Dombro will be assisted by **Chris Davis**. This will be Coach Davis's second year with the club and he has been coaching hockey since 2008 at the High School Level. He is the current USA Hockey ADM player development coach for the Warriors and has been a level 4 referee since 2004. Coach Davis has an outstanding positive reputation for teaching and developing hockey players. We are excited to have him back for a second season as one of our team of quality coaches.

Gary Hill will be returning for his second year as the head coaching for the JV #2 Team. Gary has been with the Warrior organization for over 6 years supporting the Board and the overall hockey organization. He led his team to a second place finish during the season. Coach Hill has over ten years of experience coaching youth hockey and has spent most of his time coaching at the Sabre Organization.

For additional information on our coaching staff please visit our website at www.waubonsiehockey.com.

- **Season Practice Ice Secured** – The Warrior Hockey Club has secured prime practice ice at All Seasons Ice Arena for Varsity and JV#1 which is also heavily utilized for Illinois High School Hockey League West Division league games.

The JV#2 Team will participate in the South Suburban league (unless the Illinois West Hockey League forms a new league for JV2 teams). Our JV#2 team will practice at Canlan Ice Arena on Monday night and rotate with the other two teams on Wednesday and Thursday,

The **Practice** ice times are:

- **Varsity** **Tuesday** **8:30 pm to 10:00 pm** **All Seasons**
- **JV#1** **Monday** **8:30 pm to 10:00 pm** **All Seasons**
- **JV#2** **Monday** **9:40 pm to 10:40 pm** **Canlan Ice Arena**
- **Each week, all three teams will rotate to a different day / time slot**
 - Wednesday** **9:40 pm to 10:40 pm** **Canlan Ice Arena**
 - Thursday** **7:30 pm to 8:45 pm** **All Seasons**
 - Thursday** **8:55 pm to 10:10 pm** **All Seasons**

It is convenient to know our ice times will remain the same throughout the season, which better enables players to meet their school and family obligations.

Players not selected to one of the three teams above will be invited to join the Warrior Practice Team which will practice with the JV#2 team at Canlan on Monday and rotate with the JV#2 team on Wednesday / Thursday. Additional ice may be purchased (if available) based on the number of players that accept the Warrior Practice Team invitation.

Note: The Warrior Hockey Club will only select a maximum of six goalies. Goalies not selected will be released to AHA! for an opportunity to join another high school hockey club that is in need of goalies. This is a great way to continue to develop goalie skills and be ready for next season.

- **Off-Ice Conditioning** - We will continue to offer off-ice conditioning sessions as a group throughout the season. The off-ice practices will be optional for both Varsity and JV players. Both groups will receive the same level of instruction from the same instructor through our partnership with Force Sports Training. **Please note this cost is not included in the club fee.**
- **Illinois High School Hockey League West Division Membership Renewed** – At 35+ years old, the Illinois High School Hockey League is the most competitive and well run of all high school hockey leagues in the State. The Warriors Hockey Club is proud to be one of the teams in Illinois High School Hockey League West Division again this season for our Varsity and JV#1 teams. Naperville Central, Naperville North and Neuqua Valley high school teams are in the Illinois West Division. This year the Junior Varsity and Varsity teams will both play approximately 25 regular season games, which the majority of are scheduled on weekends and at local ice rinks. Sometimes JV and Varsity will play back to back games at All Seasons which is fun for the Students. The league also offers All-Star Games and Round Robin Playoffs within Illinois High School Hockey League West Division.

Our JV#2 team will participate in the Illinois South Suburban League (unless Illinois West introduces a new JV#2 Division). This will be our third year playing in the South Suburban league for our JV#2 Team. League games (20 – 25) include playoffs and an All-star game.

- **Fundraising** - The club is dedicated to keeping costs down and making the club affordable. In order for the club to minimize our fees, we are planning to participate in at least two fundraising activities for this season.

The primary fundraising activity is the Junior Varsity Pow Wow tournament, which we host at All Seasons Ice Arena. This is an excellent early season tournament that gets the bulk of our fundraising work out of the way. We intend to host a minimum of 12 teams again this year, including our own JV teams. This tournament will be held from **September 10th through 13th**. It's a great way for parents to get to know each other while working together at the rink.

- **Tournaments** - Both the Varsity and JV#1 teams will participate in several tournaments throughout the season including the Illinois West League Playoffs and the State Finals (Blackhawk Cup). Our JV#2 will participate in as many tournaments as appropriate based on the skill level of other teams and will also participate in the State Finals (Blackhawk Cup).

The Varsity team has registered for at least two local tournaments:

- Pre-Season Invitational: Center Ice, Glen Ellyn, Sept 11-13
- Stevenson Thanksgiving: Twin Rinks Buffalo Grove, Nov 27 -29

* The Varsity team will also be participating in an out of State tournament in Maddison, WI (November 6 - 8).

The JV#1 team will participate in two local tournaments:

- Warriors Pow Wow tournament: All Seasons, September (Sept 10-13)
- Stevenson Thanksgiving: Twin Rinks Buffalo Grove, Nov 27 -29

* The JV#1 team will also be participating in an out of State tournament in Maddison, WI (November 6 - 8).

The JV#2 team will participate in two to three local tournaments:

- Warriors Pow Wow tournament: All Seasons, September (Sept 10-13)
- Warriors Shamrock Shuffle: All Seasons, March 2016
- At least one other local or out of state tournament (to be demined based on skill level of the team).

Additional opportunities, both local and out of state, will be evaluated once the season starts. Each team may individually decide to attend one or more additional in-town or out-of-town tournament based on their individual needs and interests.

Please note these additional tournaments would be funded in coordination with the individual team's manager and are not included in the club fee.

- **Non-League Games** – This season we plan to schedule a few exhibition games against competitive clubs in addition to the Illinois High School Hockey League West Division schedule and/or the south Suburban League. The result should be a 35 plus game season against better matched competition, with no additional impact to fees.
 - **Banquets** – The Warriors Hockey Club is comprised of great families. In addition to the many weekend games, we will also be gathering in early-September to have our formal **Meet the Coaches / Parent Meeting** (details on time, date and location will follow – Tentative September 8th or 9th). This will be followed by our traditional **Holiday Party** and we will conclude our regular season with a **Year End Banquet**. These activities bring the club together and give us an opportunity to recognize the hard work put in by the players and coaches and distribute awards, numerals and letters.
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Part 2 Important Dates

Following are some key dates leading up to the beginning of the 2015-2016 hockey season:

Tryouts & Pre-Season Conditioning

- **Pre-Season Conditioning** - The Warrior Hockey Club will be running a pre-season on-ice conditioning clinic on the following dates and times at All Seasons Ice Arena:
 - Monday August 17 8:50 pm – 9:50 pm
 - Wednesday August 19 8:50 pm – 9:50 pm
 - Thursday August 20 8:50 pm – 9:50 pm

This conditioning clinic is for all Warrior Hockey Club players. It is strongly recommended that all players attend the conditioning clinic prior to tryouts.

- **Tryouts** - The Warrior Hockey Club will be conducting tryouts on the following dates and times at All Seasons Ice Arena. All tryouts will be on the **RED** Rink:
 - Monday August 24 8:50 pm – 10-20 pm
 - Wednesday August 26 8:50 pm – 9:50 pm
 - Thursday August 27 8:50 pm – 9:50 pm

Additional camps & training

- **Goalie Clinics** – Illinois High School Hockey League West Division is conducting Goalie Clinics the week of July 27th through July 30th at All Seasons Ice Arena. We also encourage players and coaches to help out at the clinic as shooters.

The clinic dates are:

| | | |
|-----------|-----------|-----------------|
| Monday | July 27th | 6:10 to 7:30 PM |
| Tuesday | July 28th | 6:10 to 7:40 PM |
| Wednesday | July 29th | 6:10 to 7:40 PM |
| Thursday | July 30st | 6:10 to 7:40 PM |

- **Off-Ice Training** – The Warrior Hockey Club has partnered with Force Sports Training to offer off-ice conditioning for players interested in getting ready for the season.

Force Sports Training will be conducting a pre-season conditioning camp. This camp is open to all players who are interested in trying out for a Warrior team this fall. Players will meet from 6 to 7 pm on Monday, Wednesday, and Friday starting July 20th and end on August 14th.

Players will be focusing on speed, agility, flexibility, and stick handling drills. All players are required to bring a stick and gloves to each training session. Goalies will perform hand eye coordination drills when players are stick handling.

The fee to participate in this 4 week (12 sessions) program is \$145 per player payable to Force Sports Training on the first day of training. Any player who wishes to join after the first day can contact Force Sports Training directly. (All players must email Force directly at dan@forcesportstraining.com to reserve a spot). The training is from 6 to 7 pm each day. The schedule for this activity is:

| | |
|-----------|-------------------------|
| Monday | July 20 th |
| Wednesday | July 22 nd |
| Friday | July 24 th |
| Monday | July 27 th |
| Wednesday | July 29 th |
| Friday | July 31 st |
| Monday | August 3 rd |
| Wednesday | August 5 th |
| Friday | August 7 th |
| Monday | August 10 th |
| Wednesday | August 12 th |
| Friday | August 14 th |

For the most current schedule information please visit our website at www.waubonsiehockey.com.

- **Team Selection** - The Varsity Head Coach will select our Varsity and JV teams as soon as possible following the completion of our tryouts on August 28th. Rosters will be posted on our web site on or before Sunday, August 30th.

Please note the final decision on team assignments will be made as soon as possible following both our tryouts and local club tryouts, on or about Friday, September 4th. (Some players may decide not to accept the Warrior invitation which could result in players moving teams. Example: August 30th posting for Player A is JV#1 team but due to one or more players not accepting the invitation could result in Player A now being selected for Varsity which will reflect in the September 4th update).

**Part 3:
What You Need to do to Register Your Player(s)**

The required forms are as follows:

1. WHC Player Information Form
2. Confirmation letter of USA Hockey Registration (To be completed on-line at: www.usahockeyregistration.com/login_input.action)
3. WHC Rules and Ethics Form
4. WHC Player / Financial Agreement
 - a. Direct Debit (if opting in)
5. WHC Hockey Player Code of Conduct
6. WHC Medical Authorization Form
7. WHC Waiver and Release of Liability Form
8. AHAI High School Hockey Participation Form
9. IHSA Pre-participation examination Form (2 Pages)
10. Copy of Birth Certificate (New Players Only)

These forms and first payment of \$350 are to be submitted to:

Sarah Lee
995 Chelsea Lane
Aurora, IL 60504

on or before August 17, this coincides with our first ice slot for the Pre-Season Conditioning Clinic. If you have any questions please contact Sarah at sarahitglee@aol.com, or (630) 854-2976.

Please note: Your Player will not be allowed on the ice without payment, Confirmed USA Hockey registration for 2015/2016 and all forms completed (except for form 9 – IHSA pre-participation examination which is due Sept 4th)

The Warrior Hockey Club offers the following payment plans:

- **Season Fee - Option 1:** \$4060 per player due at time of registration. This fee includes a non-refundable pre-registration fee of \$350 that covers the pre-season conditioning clinic and tryouts.
- **Season Fee - Option 2:** Eight payments, totaling \$4060 per player.
 - **1st payment of \$350 per player due August 17.** This check is the non-refundable pre-registration fee of \$350 that covers the pre-season conditioning clinic and tryouts.

- Seven post-dated checks, as follows (**or you can select Direct Debit Option**)
 - 2nd payment of \$530 per player due Sept. 6
 - 3rd payment of \$530 per player due October 10
 - 4th payment of \$530 per player due November 14
 - 5th payment of \$530 per player due December 12
 - 6th payment of \$530 per player due January 16
 - 7th payment of \$530 per player due February 13
 - 8th payment of \$530 per player due March 12

*Note: it was decided by the Warrior Board not to increase player fees for the 2015 / 2016 season. However, ice fees continue to increase each year and will jump significantly in 2016 with an expected increase in annual fees from both Illinois West and South Suburban leagues in 2015 / 2016 and 2016 / 2017.

The first payment must be made prior to any player participating on the ice. All checks are to be made payable to the **Waubonsie Valley Hockey Club**.

Goalies are required to pay one-half of the regular player fees (\$2030). The same payment options (with half due) are available for the goalie fees.

The cost of our Home and Away Jerseys is included for all NEW players. (Returning players will use their existing Jerseys from 2014 / 2015 season unless they purchased a replacement Jersey in June 2015).

New players will also receive an equipment bag and a logo shell at no additional cost. Warm ups, however, will need to be purchased separately and will cost approximately \$90 for all new Warrior players.

All new Varsity players will be required to purchase the Varsity third "Green" jersey at \$120.

Home and Away Socks and practice jersey is included in our season fee for all players.

All Warrior players are required to wear same color hockey helmet (Black) and provide necessary documentation that the helmet safety is still under warrantee (the helmet must have a decal that illustrates the expiration date or the player must provide supporting documentation validating the helmet is in compliance and this documentation will be kept with the team manager / coach. Note: It is the player's responsibility to demonstrate compliance with helmet requirements).

Players invited to the "Warrior Practice Team" will receive a discount in registration. Registration fee for "Practice Team" will be determined after tryouts are completed. (Fee will be calculated based on the number of players accepting the invitation.)

**Part 4:
What is Expected of Warrior Hockey Club Members**

Many parents and players come to the Warrior Hockey Club from large Hockey Organizations like the Sabres, Huskies, or Cyclones. At these clubs there may be little opportunity to be actively involved or have knowledge that your efforts and fees are going directly to your player rather than subsidizing a large club infrastructure. At the Warrior Hockey Club, we operate on the dedication of our parents and families and all are involved in the success of the program. We recognize high school memories are forever and we want our players to be able to get the credit they deserve for participating in the toughest of high school sports in an area with very large participation.

All Warrior Hockey Club families participate in our volunteer efforts and this maximizes what we get for our player fees. These volunteer efforts consist of participation working at our Pow Wow tournament to run the clock, keep score, sell concessions or collect the gate fees, run the clock, keep score or wear the yellow Illinois High School Hockey League West Division representative jacket at our regular season games or participate on the board to help organize these events. A volunteer sign up list will be provided at our first club meeting.

In conclusion, the Warrior Hockey Club offers a great opportunity for your hockey player to participate in the sport they love at the school they attend. The Warrior Hockey Club prides our self on contributing to the development of quality student athletes. This year we have made significant improvements and are looking forward to a great season! If you have any questions please feel free to contact any of the following Board members and look to our website, waubonsiehockey.com for updates.

Sincerely,

The Waubonsie Valley Hockey Club Board

Michael Svac
President & Hockey Director
msvac@comcast.net

Tom Janis
Vice-President
tbjanis@gmail.com

Brian Caputo
Treasurer
caputob@sbcglobal.net

Sarah Lee
Registrar
sarahitglee@aol.com

Michelle Stobart
Secretary
mdstobart@gmail.com

Don DeBoer
Spirit Wear Chair
ddb6565@gmail.com

Rachel Kenyon
Community Relations
RKENYON19@AOL.COM

Gloria Torres
Fundraising Chair
gdtorresrn@gmail.com

Leanne Collins
Varsity Team Manager
leanne.collins@sbcglobal.net



**Warriors Hockey Club
Player Information Form
2015-2016 Season**

Please Print

Player's Name: _____ **Date of Birth:** _____

High School: _____ **Current Grade:** _____

Jersey Size: _____ **Hockey Pants Size:** _____

Position Played Last Year: _____

2014-2015 Club / Team and Level: _____
(example: Sabres Travel A2, Cyclones House, Learn to Skate, Mission AAA,...)

Parent/Guardian Names _____

Address: _____

City: _____ **Zip Code:** _____

Email Addresses *(please print clearly)*:

| | |
|----------------------|-------------------|
| Email 1 _____ | Name _____ |
| Email 2 _____ | Name _____ |
| Email 3 _____ | Name _____ |
| Email 4 _____ | Name _____ |

Phone Numbers:

Home: _____

Cell 1 _____ **Name** _____

Cell 2 _____ **Name** _____

Cell 3 _____ **Name** _____

| Internal Use | |
|---|--|
| Check # | |
| Last Name on Check if different from player | |



USA Hockey Registration Verification


All Warrior Hockey Players are required to provide verification that they have fully registered with **USA Hockey for 2015 /2016**. Players without verification will not be permitted to skate on the ice.

Go to the USA Hockey Web Site to Register at:

https://www.usahockeyregistration.com/login_input.action

Print and provide a copy of your registration verification in your submittal.

EXAMPLE: USA Hockey Verification Letter that must be included



WELCOME TO USA HOCKEY
TAKE THIS RECEIPT TO YOUR LOCAL PROGRAM TO COMPLETE YOUR
REGISTRATION
2014-15 SEASON

(Valid through August 31, 2015)

Registration Information: JOHN SMITH, Birth Year - 1996
 Registration Category: ICE PLAYER/COACH
 Date of Registration: 07/18/2014
 Amount Paid - USA Hockey: \$40.00
 Amount Paid - AMATEUR HOCKEY ASSOCIATION ILLINOIS (AHA): \$13.00

- This confirms that you have paid your 2014-15 USA Hockey & Affiliate fee (if applicable)
- Take this confirmation number to the local program(s) you participate with to complete your registration ensuring all benefits are in place. This number is your member number for the 2014-15 season. You will receive an email when it has been processed by your team/program.
- This receipt does NOT guarantee membership in any program or placement on a team.
- If you have questions, email comments@usahockey.org or phone 800-566-3288 ext 123.

Confirmation #: 199501254SMITHJ 
199501254

| Internal Use | |
|-----------------------------------|--|
| USA Hockey Number for 2015 / 2016 | |
| Player Name | |



Warriors Hockey Club Rules & Ethics Policy – 2015/2016 Season

The Warriors Hockey Club is committed to the development of our players as both athletes and individuals. To meet this goal the Warriors Hockey Club players, coaches, parents, family members and other members of the organization (WVHC Members) are expected to act in a responsible, respectful, honorable and upstanding manner both on the ice and off the ice. WVHC players are also expected to follow team rules and their coaches' proper instructions.

Zero Tolerance Rule

No WVHC Member shall physically or verbally abuse, threaten, taunt, or ridicule in any form any on-ice or off-ice official, rink staff, tournament official, player, coach, parent or fan. No WVHC member shall engage in any form of "hazing" including activities that fall into the category of "Locker Room Boxing." No obscene language will be used even if not directed at a specific person. No objects shall be thrown in the spectator's area, on the ice, at the players' bench or at a penalty box. Simply, any lack of respect or demonstration of unsportsmanlike conduct will not be tolerated and will be a violation of the Zero Tolerance Rule. **This Zero Tolerance Rule applies to all WVHC Members.**

Safe Sport Policy

All WVHC members will comply with the WVHC Safe Sport Policy. **This includes the understanding that cell phones and any other recording devices (video recording, cameras, voice recording, etc ...) are strictly prohibited inside the locker rooms. Any player found with these types of devices inside the locker room will be subject to disciplinary action (up to and including suspension from the Warrior Hockey Club).**

Off-Ice Behavior

The "Zero Tolerance Rule" applies off the ice as well as on the ice. It applies to all WVHC Members, before, during or after a game, whether inside or outside of the rink. Any time a WVHC Player is at a location as a member of the Warriors Hockey Club, they are subject to this rule. This includes all practice and league games, tournaments, hotel stays, social functions, or any other situation where the individual is identified as a member of the WVHC.

Twenty Four Hour Rule

WVHC Members should wait twenty four hours after an event before raising issues with coaches and team members, except for those actions requiring immediate notification as described below.

Immediate Notification

The Amateur Hockey Association of Illinois (AHAI) Rules and Regulations require that WVHC Members give AHAI immediate notification of certain allegations. Therefore, all WVHC Members shall immediately contact the WVHC Board and provide all pertinent information regarding any allegation of discrimination, abuse or potential abuse, including ethnic, racial, sexual, physical or mental abuse, or consumption, use, sale, gift or abuse of mood altering substances.

Team Rules

The following is a list of the team rules that apply to all WVHC Players and may be supplemented by additional rules to be provided by the coaches.

- Every player is an important part of the club and team and is expected to be at every practice and game. If a player is not going to be at a practice or game they are required to notify the coach.



Player / Financial Agreement

This Agreement is made effective August 17, 2015, between the parent or guardian (“Parent”) and the **Waubonsie Valley Hockey Club** (“Club”).

The Club is currently classified as a “combined” high school hockey team, as defined by the Amateur Hockey Association of Illinois (AHA). For the 2015 / 2016 high school hockey season, the Club is comprised of four different high schools (Waubonsie Valley, Metea Valley, Oswego and Oswego East) from two different school districts (District 204 and District 308).

Parent and Player agree that Player shall play for the **Waubonsie Valley Hockey Club** for one full season, **commencing September 1, 2015 and ending March 31, 2016**. Parent and Player agree that Player shall be actively involved with the Club’s team. For purposes of this Agreement, “actively involved” shall be defined as participating in all scheduled practice sessions and games in which Player is called upon to participate, unless unable to do so due to medical or educational reasons, or other valid reason which must be communicated to and approved by the team head coach in advance of the scheduled practice and/or game.

Per AHA requirements for combined clubs, the Warrior Hockey Club is required to accept all applications that meet the Club’s try-out policy and is not permitted to reject a player eligibility unless for personal safety reasons (that would require prior approval by an AHA Board representative).

Any player planning to roster with one or more teams, in addition to the Club, is required to submit in writing (to the Board of Directors) their intent to “double roster” with another USA Hockey registered organization at the time of registration for team tryouts.

Parent and Player agree that the Club shall have the right to suspend Player at the discretion of the Club’s Board of Directors in accordance with the Club’s by-laws and Rules and Ethics Policy. Parent and Player agree that, for Player to remain on the team, Parent and Player must (1) commit no act detrimental to the sport of ice hockey, the Club or the team; (2) comply with all provisions stated in this Agreement; and (3) abide by the Club’s by-laws, Rules and Ethics Policy, and the Rules and Regulations of USA Hockey and Amateur Hockey Association Illinois (AHA).

Upon notification of acceptance to the Club **the Parent agrees to pay a non-refundable pre-registration fee of \$350 by August 17th. This fee covers the pre-season conditioning clinic and tryouts. This payment will be applied toward the season fee.**

Full payment of Player’s annual fee is due by September 4th in the form of a check payable to “Waubonsie Warrior Hockey Club”. In lieu of full payment, a payment plan (“installment plan”) will be made available, solely at the discretion of the Club, which requires Parent to pay seven equal installments via post-dated checks (or automatic withdraw from bank account), with the first payment and six post-dated payments due by September 4th. The payment of the season fee (or the first installment payment) will serve to reserve Player’s place on the roster.

Please note checks returned for non-sufficient funds (NSF) or a stopped payment on any post-dated check will result in an additional fee of **\$25 per instance** and the immediate suspension of the Player from all Club and team activities until Parent has resolved the situation to the satisfaction of the Club.

Player will not be placed on the team roster until payment of the annual club fee has been made. In addition, Parent and Player agree they shall submit all necessary forms, including but not limited to (i) USA Hockey Online Program Participation Registration; (ii) Club Information form; (iii) Club Player / Financial Agreement form; (iv) Club Medical Authorization form; (v) Club Waiver and Release of Liability form; (vi) AHA! High School Hockey Participation form (vii) IHSA Pre-participation Examination form; (viii) Club Hockey Player Code of Conduct form (to be signed by **both** Parents, where applicable); (ix) Rules and Ethics Policy; (x) Letter of intent to "Double Roster" with another hockey team in addition to the Warriors, and valid copy of player Birth Certificate.

Parent and Player agree and understand that the Annual Club Fee is intended to cover game costs (including exhibition games, pre-season tournament games, league games, and post-season league and State Tournament games) practice costs, game jerseys and socks, and general expenses. Any additional costs for additional tournaments, player transportation, hotel accommodations, meals, equipment, warm-ups and the like are the responsibility of the Parent.

Parent understands there will be **no refund** of any portion of the annual Club fee and the Parent shall remain responsible to pay the **entire annual Club fee** even if, after execution of this Agreement and the rostering of the Player, Player withdraws from the Club for any reason, excluding a season-ending injury. (The Board reserves the right to deviate from this policy under circumstances that in its sole discretion it finds extraordinary and compelling.) In the case of a season-ending injury sustained during a scheduled Club practice or game, Club will pro-rate the total annual fee for Player on the following basis and issue a refund as appropriate, depending on when the injury was sustained:

| <u>Season-ending Injury Sustained</u> | <u>Pro-Rated Player Fee</u> |
|---------------------------------------|-----------------------------|
| Prior to October 20 | 33% |
| Prior to November 20 | 50% |
| Prior to December 20 | 66% |
| December 20 or after | 100% |

Parent and Player understand that failure to meet any of the obligations set forth in this Agreement shall be grounds for suspension of Player's participation in the activities of the Club and team until such obligations have been fully met.

In the event your account becomes seriously delinquent and it becomes necessary for the Club to engage a collection agency to collect your outstanding balance, the costs of collection will be added to your balance.

Player Signature: _____ **Date:** _____

Name (Print): _____

Parent Signature: _____ **Date:** _____

Name (Print): _____

Club Officer Signature: _____ **Date:** _____

Name (Print): _____ **Title:** _____



**Warriors High School Hockey Club
Waubonsie Valley, Metea Valley
Oswego and Oswego East**

**DIRECT DEBIT PAYMENT PROGRAM
2015-2016**

With your authorization below, the Warriors Hockey Club will directly debit your bank account for your monthly club membership fees. The debits will be initiated on or after the dates specified in your season financing agreement.

The cost of participating in the direct debt program is \$1.50 per direct debit transaction (once during each month of the regular/winter season). This bank service fee will be charged to your bank account at the same time that the membership fees are debited.

If you would like to participate in the program, sign in the space provided below and return this entire sheet to the Club Registrar, Sarah Lee or Club Treasurer, Brian Caputo. The bank account debited will be the same account as the account on which the check for your player's tryout fee was drawn unless you direct otherwise. If you would like a different account to be debited, attach a deposit slip or voided check pertaining to the desired account to this authorization form.

If you have questions about the club's direct debit payment program, contact Brian Caputo at caputob@sbcglobal.net or (630) 675-0624.

You may withdraw from the direct debit payment program at any time by notifying Brian Caputo by e-mail and providing bank checks to the Club for any monthly payments that remain in your account. .

I would like to participate in the Warrior Hockey Club direct debit payment program for the 2015-2016 hockey season. I accept the terms of the program specified above.

Signature of Parent

Printed Name of Parent

Printed Name of Player



Warrior Hockey

Player Code of Conduct

Participation in Warrior Hockey club is a privilege, which allows high school players to enjoy their sport while also enjoying the camaraderie and pride that develops while playing with their fellow students. This privilege places student participants in a role of representing the hockey organization, their high schools and their fellow students.

The Warrior Hockey Club fully supports the “**Participant Code of Conduct**” which has been set by USA Hockey.

1. I understand that swearing or abusive language on the bench, in the locker room, in the rink or at any team function is not permitted and a violation of the Warrior Zero Tolerance Policy.
2. I understand that hazing, bullying, locker room boxing, or any other type of verbal and/or physical abusive behavior is not permitted and a violation of the Warrior Zero Tolerance Policy.
3. I understand that lashing out at any official, no matter what the call, is a violation of the Warrior Zero Tolerance Policy. (The coaching staff will handle all matters pertaining to officiating).
4. I understand that if I receive a penalty during a game that I will skate directly to the penalty box and not demonstrate any negative behavior to players or officials. Doing so is a violation of the Warrior Zero Tolerance Policy.
5. I understand that fighting will not be tolerated and will result in an appearance before the Club’s Rules & Ethics Committee.
6. I understand that there will be no drinking [of alcohol], smoking, chewing of tobacco or use of illegal substance at any team function. Doing so is a violation of the Warrior Zero Tolerance Policy.
7. I understand that I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during all team functions.
8. I understand that players or team officials who cannot abide by these rules or who violates them will be subject to further disciplinary actions. [Up to and including expulsion from Warrior Hockey Club].
9. The Warrior Hockey Club supports the USA Hockey and AHAI Zero Tolerance Policy and Safe Sport Policy that is set forth in our Rules and Ethics policy.

 Player Signature

Date

Parent Signature

Date

 Printed name

Printed name



**WAUBONSIE VALLEY HOCKEY CLUB
MEDICAL AUTHORIZATION &
INDEMNIFICATION AGREEMENT (2015 / 2016)**

Player Name _____

Parent/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 (August 1, 2015 through July 1, 2016). 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
2015 / 2016 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 2015/2016 Fall 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.
(No player will be permitted to participate until this form is submitted)

| | |
|------|---------------------------------|
| Date | Signature of Parent or Guardian |
|------|---------------------------------|

| | | |
|------|--------------------------|-----|
| Date | Signature of Participant | Age |
|------|--------------------------|-----|

| | | |
|------|--------------------------|-----|
| Date | Signature of Participant | Age |
|------|--------------------------|-----|



AHAI HIGH SCHOOL HOCKEY PARTICIPATION FORM

Download the form to your computer. Complete all fields - then print the form for signature.



Season 20____ - 20____

Player's Name _____ School Name _____
 Street Address _____ School Address _____
 City _____ State _____ Zip _____ School City _____ State _____ Zip _____
 Phone _____ School Phone _____
 Date of Birth _____ Hockey Club _____

HOLD HARMLESS AGREEMENT:

We recognize and acknowledge that ice hockey, as well as other contact sports, is a game in which there are risks of injury to the participants. Because of this, and desiring that the above named minor participates as a player with the above High School Hockey Club, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the above High School Club, the school(s), its agents and coaches; the High School Hockey League, and its Divisions, their officers, directors, agents and personnel; each ice rink in which the League participates, and its agents and personnel; USA Hockey and the Amateur Hockey Association Illinois, Inc. harmless from any and all liability for damages because of injury or otherwise sustained by the above named minor; arising directly or indirectly out of or in connection with his/her enrollment and/or participation as a player with the above named High School Hockey Club during the above specified season.

Signature of Player _____ Date _____

Signature of Parent/Guardian _____ Date _____

DOCTOR'S CERTIFICATION OF EXAMINATION AND APPROVAL TO PARTICIPATE:

Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date Examined: _____

I, the above doctor, have given a physical examination to the above player and I have found him/her physically fit to practice and play ice hockey with the above High School Hockey Club and to participate in High School Hockey for the above specified season.

Doctor's Signature _____ Date _____

HOSPITAL RELEASE:

The player named above has my permission to engage in all hockey activities, i.e. games, practices, drills, etc., for the above specified season. In the event of injury, I hereby give my permission to hospitalize and secure treatment, including injections, anesthesia or surgery for the above named player.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Next of Kin _____

Home Phone _____ Cell Phone _____

Health Insurance Plan: _____ Group #: _____ Policy # _____

Download the form to your computer. Complete all fields - then print the form for signature. All Signatures **MUST** be Originals.
 Submit Original Form to Club Registrar and keep a copy for your records.
 Club Registrar forwards a copy to the League/Division as directed.

Club Initials _____ Date ____ / ____ / ____ League/Division Initials _____ Date ____ / ____ / ____



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No |
|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Have you or any family member or relative been diagnosed with cancer? | | |
| 52. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | Yes | No |
| 53. Have you ever had a menstrual period? | | |
| 54. How old were you when you had your first menstrual period? | | |
| 55. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
Last First Middle

| EXAMINATION | | | |
|---|--------|-------------------------------|---|
| Height | Weight | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| BP / (/) | Pulse | Vision R 20/ | L 20/ |
| | | Corrected | <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | | |
| Lymph nodes | | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | | |
| Pulses • Simultaneous femoral and radial pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) ^b | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic ^c | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot/toes | | | |
| Functional • Duck-walk, single leg hop | | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

IHSA Steroid Testing Policy Consent to Random Testing

(This section for high school students only)

~~XXXXXX~~
2013-2014 School Term

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/his/her body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at
http://www.IHSA.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf

Signature of student-athlete _____ Date _____ Signature of parent-guardian _____ Date _____



Warrior Hockey

Birth Certificate Verification

All Warrior Hockey Players are required to provide verification of birth date. A copy of player's birth certificate is required as part of the registration process. The copy of the birth certificate will be maintained on file with the registrar.

Returning Warrior players from Fall 2014/2015 do not need to provide verification.

All new players must provide a copy of your registration before the first scheduled team practice.

| Internal Use | |
|--|------------------------------|
| Returning Player - Certificate on File | <input type="checkbox"/> Yes |
| New Player - Certificate Provided | <input type="checkbox"/> Yes |
| Player Name | |