



Haverford Ice Hockey Club 2017-2018 REGISTRATION

Registration for the Haverford Ice Hockey Club 2017 - 2018 season will be held **Wednesday, May 10th, Thursday, May 11th and Friday May 12, 2017** from 6 - 8pm at the **Skatium**. Only **fully completed** registration documents will be accepted during registration.

There will NOT be any on-ice evaluations this year during Registration. This is strictly for dropping off Registration Packets and Deposits. On-ice evaluations will be held in September and October.

The Haverford Ice Hockey Club is anticipating fielding two High school teams, one or two Middle school teams (Boys and Girls, Grades 5 through 8) and an Elementary team (Boys and Girls, Grades K though 4) for the 2017 - 2018 hockey season. The number of registrations may result in changes to the above.

Registration Forms to Be Completed

HIHC Registration Form
USA Hockey Registration
HIHC Player/Parent code of conduct
Copy of birth certificate
USA Hockey Code of Conduct
USA Hockey Consent to Treat Form

**** All High School players must fill out the PIAA paperwork (can be found on school website) MUST be dated after June 1, 2017 ****

Please note: All forms must be submitted with your \$350 non-refundable registration fee. All players will be required to show proof of registration with USA Hockey. Make checks payable to "HIHC". Due to team roster limitations, if we are faced with a large number of registrants, there may be candidates who will not be selected for a team. For those of you who are not selected, you are encouraged to continue to develop your hockey skills and consider the HIHC for future membership. Also, HIHC may form developmental/"taxi" squads if there is sufficient ice time available.

Questions should be directed to Drew Simcox, President of HIHC at Pres@haverfordicehockey.com

General Information

COST

The Board expects dues for the **2017 - 2018** season to remain the same as last year. Tuition for goaltenders will not be required however; donations at registration will be greatly appreciated.

High School	\$1400.00
Middle School	\$1200.00
Elementary	\$950.00

PAYMENT SCHEDULE

The **FIRST** payment of \$350.00 is due at registration.

The 2nd payment of \$200 is due by June 1st.

The 3rd payment of \$200 is due by July 1st.

The 4th payment of \$200 is due by Aug 1st.

The 5th payment of \$200 is due by Sept. 1st.

The 6th payment and final remainder payment is due by Oct 1st.

Elementary will not have to make September and October payments.

A 10% discount will be offered to families with multiple players in the club. The discount will be applied to the lower of the tuitions.

Payments should be mailed to:

**Haverford Ice Hockey Club
P.O. Box 852
Havertown, Pa 19083**

If payment is not received within 7 days of the due date, the player will be denied all ice time until payment is received. Once a player has joined the club there may be no refunds. Our budget and ice rental are players committed to the club today.

UNIFORMS

New players joining the club and players moving from the middle school to the high school level will be required to purchase new uniforms for the 2017-2018 hockey season. All uniforms must be ordered through Ronald Putter from Max's Hockey Shed as they are custom orders. Uniform orders must be placed immediately after team selections to ensure delivery prior to the start of the season.

Middle School Players - one gold jersey and black shell, Haverford striped socks

High School Players – **white helmet**, two jerseys (one red and one white), **HIHC shell (to be determined)**, and Haverford striped socks.

Elementary School Player - one gold jersey and black shell, Haverford Striped socks

LEAGUE GAMES

Depending upon which league your team will be playing in, there are usually 15-20 league and non-league games, including pre-season and post-season play and possibly playoffs. The number of games per team will be established as the season schedules are made. The Varsity and Junior Varsity teams will be playing in the ICSHL (Inter County Scholastic Hockey League) this year with The Skatium, Ice Line, and IceWorks as our home ice. The Middle School teams will play in the Ice Line Middle School Hockey League at Ice Line Quad Rinks in West Chester, PA. The Elementary Team plays in the DSHL (DELCO School Hockey League) at IceWorks in Aston, PA.

BOARD OF DIRECTORS of Haverford Ice Hockey Club

President	TBD
V.P Hockey Operations	TBD
V.P Non Hockey Operations	TBD
Treasurer	TBD
Secretary	TBD
High School Rep	TBD
Middle School Rep	TBD
Elementary Rep	TBD

CLUB PHOTOS

Individual and team photos are taken in the fall and are available for members to purchase. Purchase of photos is not required. However, all players must attend the club and team photo sessions as the photos are used in the school yearbooks.

BANQUET

An annual banquet is scheduled each year for the High School and your team representative will notify you of the time and place.

CLUB UPDATES AND INFORMATION

HIHC will periodically issue Board Meeting Minutes, club information and team updates. These will be posted on our website.

SUMMER CLINICS

Summer clinics and summer league games may be conducted by individual team/coaching staffs. Costs for summer clinics and leagues, if any, are NOT included in club fees and attendance is optional. HIHC will not be financially responsible for collection of fees associated with clinics, spring, or summer leagues.

PRACTICE

Throughout the **2017-2018 season**, HIHC teams will practice at The Skatium. Other practice times may be scheduled over the course of the season. Also, practices (as well as games) may be held at other rinks and locations. The coaching staff will provide details on practices and a calendar after teams are selected and league schedules are finalized. High School Players should wear the designated practice jerseys to all practices (once determined by coaches).

Haverford Ice Hockey Club
Code of Conduct/Player Parent Agreement
2017-2018 Season

1. Responsibility to Perform- Each player has voluntarily chosen to make a commitment to this organization. That commitment comes with the responsibility and the accountability for your actions both on and off the ice. In order to fulfill your responsibility you are expected to meet and fulfill your Team and Club's criteria to succeed. Each player will follow all rules, regulations, guidelines, and by-laws as outlined by the Haverford Ice Hockey Club (HIHC), this Code of Conduct. **Player Initials:** _____ / **Parent Initials:** _____

2. Drug, Alcohol, and Tobacco Policy- Any use or possession of drugs, narcotics, hallucinogens, or alcoholic beverages by participants of the HIHC is strictly prohibited. **THIS IS A ZERO TOLERANCE POLICY** and will be enforced if discovered by a Team Head Coach or HIHC Board Member. Any player found to be in violation may be subject to disciplinary action up to and including suspension or termination from the club without refund or relief from financial commitment. Players observed smoking or chewing tobacco will be subject to disciplinary actions as determined by the head coach up to and including playing suspension. Repeat offenses may result in termination from the club without refund or relief from financial commitment. **Player Initials:** _____ / **Parent Initials:** _____

3. Financial Commitment-The Parent agrees to be responsible for the financial commitment made in this Agreement (which includes the payment of a Registration Fee and a Player Fee), even in the event that Player's Club or playing privileges are suspended and/or terminated for any reason, including but not limited to disciplinary or academic issues, injury or illness, and understand this to mean that in no case will the Player Fee be prorated for any portion of the season. **Parent Initials:** _____

The Parent understands and agrees that if the Player resigns or otherwise voluntarily terminates his/her participation for any reason after signing this agreement and participating in evaluations, the Player is not entitled to a refund of the Player Fee and must pay the entire remaining balance of the Player Fee before a the player will be permitted to resume participation with the club in this or future seasons. **Parent Initials:** _____

The Parent understands that the USA Hockey Atlantic District requires member Clubs to report any player's outstanding financial obligation to the District. The Parent and Player understand that a reported player cannot be placed on the roster of any other Atlantic District team (middle school, high school, in-house or travel ice hockey team) until the outstanding financial obligation to the Club is satisfied. **Parent Initials:** _____

4. Safety- Participants are required to wear ALL appropriate ice hockey equipment, at all times for all practices, scrimmages, and games per USA Hockey rules and regulations including mouth guards. Neck guards are highly recommended. Failure to comply with these requirements will result in ejection from the remainder of the practice, scrimmage, or game. **Player Initials:** _____ / **Parent Initials:** _____

5. Attendance, Tardiness and Swing Players- All players are expected to attend all practices, scrimmages, and games. All players will be responsible to abide by the rules imposed by each individual coach. Failure to comply will result in disciplinary actions as determined by the coaching staff. If your Junior Varsity Player is considered by the Coaching Staff to be a "Swing-Player" for the Varsity Team then, THAT player MUST be committed to play on the Junior Varsity Team for the entire season and attend the scheduled games and participate in practices as well. The Varsity Coaching Staff has the authority to change "these players" at any time if he elects to do so during the season. The swing player is committed to the JV Team unless, if approved by both Coaches to move up to a Varsity game and participate. At no time is a "swing player" solely considered a "varsity only player",

unless THAT player is “locked in” to the Varsity roster by the Varsity Coach. Both the JV and Varsity Coaches will continually communicate to make sure that there are enough players participating in the scheduled games/practices for both teams. **Player Initials:** _____ / **Parent Initials:** _____

6. Club Dress Code- As a club member you are a representative of the HIHC. The club’s dress code is determined by the Head Coach of each team. Violation of this rule may result in disciplinary action as determined by the head Coach. **Player Initials:** _____

7. Team Uniform - The uniform of all HIHC teams is: Haverford jersey(s), matching socks, helmet, and (TBA, designated team) shell, please see uniform order forms for more details. High school practice jersey to be designated by coach. **Player Initials:** _____

8. Respect and Maturity- Each player is responsible to balance schoolwork, social and family activities, and athletics. HIHC players will show respect for their coaches, teammates, referees, opponents and spectators. Incessant swearing and abusive language will not be tolerated. Failure to comply with these rules will result in disciplinary action as determined by the Head Coach. Fighting is not tolerated. Any HIHC player involved in a fight will receive the league imposed discipline and may be subject to additional disciplinary action as determined by the Head Coach. Any additional fighting offense(s) within the same season will be reviewed by the HIHC Board for possible further discipline up to and including suspension or expulsion from the club without refund or relief from financial commitment. Any destruction/damage to private property will be means for immediate dismissal as well. **Player Initials:** _____ / **Parent Initials:** _____

9. Hazing- No member of the HIHC is required to subject themselves to any form of hazing or initiation of any kind. Club members are specifically prohibited from participating in any improper conduct towards another club member in the form of hazing, initiations or any act which is against a player’s will. If any member of the club is subject to such behavior, the member is expected and requested to immediately contact a Board member and notify them of said conduct. Participation in such activities may result in disciplinary action up to and including suspension or termination from the club without refund or relief from financial commitment. **Player Initials:** _____ / **Parent Initials:** _____

***Haverford Ice Hockey Club
Code of Conduct/Player Parent Agreement
2017 - 2018 Season***

The undersigned member and parent affirm that he/she has read this document and agrees to comply with HIHC Code of conduct/player parent agreement.

PLAYER NAME _____

PLAYER SIGN: _____ **DATE** _____

PARENT NAME _____

PARENT SIGN: _____ **DATE** _____



USA HOCKEY
**PARTICIPANT
CODE OF CONDUCT**

PLAYER NAME:

To be read and signed by you as a member of Team: _____
Participating in USA Hockey for the **2017 - 2018** season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____

USA Hockey
Consent to Treat/Medical History Form

This is to certify that on this date, I _____,

as parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature:

_____ 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 visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name:

Relationship:

Phone 1: _____ Phone 2: _____

Physician's Name _____ Phone: _____

Hospital of Choice: _____