

**City of Troy Recreation Department Jr. Hockey
2009-10**

Ages by December 31, 2009

Practice begins around the beginning of October and ends mid-March

The registration fee includes home ice cost for practices and league games, league fees, USA and Mid-Am hockey fees.

All other costs, including but not limited to equipment, jerseys, tournaments, scrimmages and extra ice time over and above times provided to the Jr. Hockey program are the responsibility of the participant. Payment for extra ice must be made at the time ice is reserved by the coach or team manager in order to secure ice time at Hobart Arena.

HOUSE TEAMS

Dependent upon registration numbers, the Recreation Department intends to offer house teams in the following divisions. In the past, the regular season has consisted of approximately 10-12 games. The intent of the house program is a recreation hockey experience while building hockey skills; promote team work, fair play and respect of other players, opponents, coaches and referees while de-emphasizing but not eliminating competitiveness while emphasizing fun.

	<u>Division</u>	<u>Age</u>	<u>Date of Birth</u>
-	Mite	6, 7, and 8 years old	2001, 2002, 2003
-	Squirt	9 and 10 years old	1999 & 2000
-	Pee Wee	11 and 12 years old	1997 & 1998

****Away league games in the past have been held at South Metro in Centerville; Kettering Recreation Center; Hamilton Sports Arena, Miami University, and Hara Arena. However, the Greater Dayton Youth Hockey League may merge with other house leagues to provide for a greater variety of competition.***

****Mite Practices will have their own dedicated practice time independent from the initiation program.***

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All other costs, including but not limited to equipment, jerseys, tournaments, scrimmages and extra ice time over and above times provided to the Jr. Hockey program are the responsibility of the participant. Payment for extra ice must be made at the time ice is reserved by the coach or team manager in order to secure ice time.

TRAVEL TEAMS

Dependent upon registration numbers, the Recreation Department intends to offer travel teams in the following divisions. However, teams offered will be dependent upon league registrations and program registrations.

<u>Division</u>	<u>Age</u>	<u>Date of Birth</u>
- S squirt	9 and 10 years old	1999 & 2000
- Pee Wee	11 and 12 years old	1997 & 1998
- Bantams	13 and 14 years old	1995 & 1996
- Midgets	15, 16, 17, and 18 years old	1991, 1992, 1993, & 1994

**Away league games in the past have been held in South Charleston and Huntington, WV; Louisville and Lexington, KY; Bloomington, Fort Wayne, and Indianapolis, IN; and Athens, Butler County, Findlay, Cincinnati, and Columbus, OH. Other locations are dependent upon league registrations and schedules that are developed.*

Summer try-outs dates and times are as follows: Saturday, July 18th

8:00.-10 a.m.	Squirts
10:30 a.m.-12:30 p.m.	Pee Wee
2:00 p.m.-4:00 p.m.	Bantam

Players interested in trying out for travel teams must have attended at least one of the try-out sessions. Players making travel teams will be informed by their coaches within 5 days of the try-out date.

Dependant upon the registration numbers, the Bantam Division may register their teams in the Buckeye Travel Hockey League and/or the Mid Ohio Bantam Hockey League or some other appropriate league.

Dependant upon the registration numbers, the Midget Division may have a team or teams in the Greater Columbus Club JV League or other league or an independent schedule based upon what is most appropriate.

REGISTRATION DEADLINE: JULY 1st
***ADDITIONAL FEE OF \$25 WILL BE ASSESSED AFTER JULY 1st FOR ANY UNPAID FEES**
CITY OF TROY RECREATION DEPARTMENT
2009-2010 JUNIOR HOCKEY PROGRAM
AGES 6-18
PLAYERS REGISTRATION

(Please fill out completely and return to Hobart Arena, 255 Adams St., Troy Ohio 45373)

Name _____ Date _____

Address _____ Phone _____
 Street City State Zip

Birth Date _____ Age (as of December 31, 2009) _____

Hockey Experience: Y or N Years Experience: _____

Name of Parent/Guardian _____

Address _____
 Street City State Zip

E-Mail Address _____

Home Phone: _____ Work Phone: _____

Emergency Call _____ Phone _____
 (friend, neighbor, grandparents, etc.)

Are you allergic to any medication? _____

Doctor's Name _____

Would you like to be contacted by the Jr. Hockey Parents Organization to receive further program information? Y or N

<u>Division</u>	<u>Date of Birth</u>	<u>Ages (As of December 31, 2009)</u>
Mite	2001, 2002, 2003	6-8
Squirt	1999 & 2000	9 & 10
Pee Wee	1997 & 1998	11 & 12
Bantam	1995 & 1996	13 & 14
Midget	1991, 1992, 1993, & 1994	15-18

REGISTRATION FEE TROY MAILING ADDRESS:

House: _____ \$375 (Mite, Squirt, Peewee)
 Travel: _____ \$520 (Squirt & Peewee)
 _____ \$570 (Bantam & Midget)

REGISTRATION FEE OUTSIDE TROY MAILING ADDRESS:

House: _____ \$390 (Mite, Squirt, Peewee)
 Travel: _____ \$535 (Squirt & Peewee)
 _____ \$585 (Bantam & Midget)

***ANY PORTION OF FEES NOT PAID BY JULY 1st – ADDITIONAL \$25 TO ABOVE FEES**

FOR OFFICE USE ONLY:

_____ Try-Out Fee (\$50 Spring Try-Out Fee Applied to Registration Fees: Non-Refundable)
 _____ 1st Installment (Only for those who make Travel Teams in March – Due by April 30th = ½ of total fees due including jersey and sock fees)
 _____ 2nd Installment (By July 1st: Final ½ for those who made Travel Teams in March. Total fees for all others are due when registering)
 _____ \$25 Late Fee (If Applicable)
 _____ Total

Participant is interested in trying out for the Travel Program? Y or N
(Note: Mite division is House only) Bantam Division is Travel A and Travel B

Did he/she already participate in the Spring Try-Outs? Y or N

Squirts and Pee Wees who are interested in trying out for a travel team in July and do not make the travel team will receive a refund for the difference between travel and house fees.

REFUND POLICY: The Department will make program refunds only for the following:

- 1. If the program is cancelled by the department.**
- 2. If the registered participant moves out of the area before the program starts.**
- 3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.**

NOTE: PLEASE PAY SPECIAL ATTENTION TO REFUND POLICY. THE ONLY EXCEPTIONS WILL BE FOR THOSE PLAYERS WHO ARE SELECTED TO PARTICIPATE ON THEIR HIGH SCHOOL VARSITY TEAM. PLAYERS WHO MAKE THE VARSITY TEAM MAY RECEIVE A PRORATED REFUND FOR THE PORTION OF THE REMAINING SEASON OR THEY MAY CONTINUE TO PLAY WITH THEIR TROY RECREATION DEPARTMENT TEAM IN THE PROGRAM ONCE THEIR HIGH SCHOOL SEASON IS OVER. HOWEVER, NO REFUND WILL BE ISSUED IF THEY PLAN TO PLAY AFTER THE HIGH SCHOOL SEASON. MAXIMUM OF 3 PLAYERS PER TEAM PER OHSAA RULES. ALL REGISTRANTS WILL BE REQUIRED TO PAY THE FULL REGISTRATION FEE TO PARTICIPATE NO MATTER WHEN THEY REGISTER TO PARTICIPATE IN THE PROGRAM. NO PRORATED FEES WILL BE OFFERED FOR THOSE REGISTERING LATE OR WANTING TO PLAY A PARTIAL SEASON. THERE MAY BE LEAGUE RULES THAT RESTRICT PARTICIPATING IN THE REGULAR SEASON OR POST SEASON TOURNAMENTS BASED UPON NUMBER OF GAMES THE PLAYER PARTICIPATED IN DURING THE REGULAR SEASON.

****All Registered participants and parents are required to sign the attached USA Hockey Players/Parent/Guardian Code of Conduct.**

****Troy Jr. Hockey program by-laws prohibit players from being double-rostered. Players will not be permitted to be double-rostered from within or from outside the Troy program for any reason and shall not play or practice with any team other than the team they are rostered with. The only exception is in the case when a division has only one goalie for each team and a goalie is injured and is unable to play or if a particular division in our program has more than one house team and the coaches would like to develop a house select team to participate in tournaments or single games. However, the priority is for the goalie's primary team if there is a scheduling conflict for practice or games and the player's house team for players participating on a house select team. Any player violating this policy or coach permitting these violations to happen will be disciplined according to the progressive disciplinary policy.**

MANDATORY EQUIPMENT for players participating in the Junior Hockey Program: Helmet with face mask (full cage) and strap, mouthpiece, hockey skates, stick, gloves, pads (elbow and shoulder), shin guards, hockey pants, and athletic supporter and cup. Girls will be required to wear a chest protector.

Would your parent like to be an assistant coach? _____yes _____no

(Completion of USA Hockey Certifications is required)

Can they skate? _____yes _____no

It is not necessary for him to know how to skate to become involved.

Have they been a coach before? _____yes _____no

For the 2009-2010 season, the Initiation Program will have its own separate practice times from the weekly scheduled mite practices to provide more usable ice for both the mite and initiation program participants.

Jersey Order Information:

Circle One: Size: YM YL YXL AS AM AL AXL XXL

Please refer to attached list to determine what jerseys the player will need for the upcoming season dependent upon the team they will participate on. If they purchase 2 jerseys to play travel and do not make the travel team, there will be a refund issued for the one jersey and one pair of socks. **You must pay for jersey and socks at the time of your registration.**

Jersey(s): _____ x \$43.00 = \$ _____
 Kobe Gold Quantity

 _____ x \$43.00 = \$ _____
 Kobe Black Quantity

 _____ x \$43.00 = \$ _____
 Boston 3rd – Gold Quantity
 (Adult sizes available only)

Sock Order Information:

Circle one: Size: CHILD SMALL YOUTH MEDIUM ADULT LARGE

Sock(s): _____ x \$12.00 = \$ _____
 Black Quantity

 _____ x \$12.00 = \$ _____
 Gold Quantity

Total Due = \$ _____

Fee includes name and numbering on jerseys (to be coordinated by coach). Jerseys from last season may be used, if applicable. Numbers may need to be changed dependent upon team members.

2009-10 Season Ice Scheduling:

Season begins around the beginning of October and ends approximately mid March. Due to the nature of scheduling at Hobart Arena there may be dates that ice is not available or are cancelled due to other scheduled events without make up ice time being rescheduled.

Additional ice time purchased by teams/coaches will be reserved at the time payment is made in full. Ice times will not be held without payment.

Public Skating Discount Pass: (circle selection, if interested):

Youth (10 sessions) - \$28.00 Youth (20 sessions) - \$50.00

Adult (10 sessions) - \$35.00 Adult (20 sessions) - \$60.00

(A separate check must be made out to Hobart Arena for public skating discount passes.)

TROY RECREATION DEPARTMENT JR. HOCKEY
USA HOCKEY
PARTICIPANT/PARENT/GUARDIAN
CODE OF CONDUCT

PLAYER NAME: _____

To be read and signed by the player and parents/guardians as participants in the Troy Recreation Department Junior Hockey Program and USA Hockey for the 2009-2010 season.

1. No swearing, abusive language, acts of intimidation, physical violence or intent to injure, verbal abuse of players, fans, coaches, referees or parents 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. Any player who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in a review by the Jr. Hockey Advisory Council.
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, parent, or team official who cannot abide by these rules or violates them will be subject to further disciplinary action upon review by the Jr. Hockey Advisory Council.

USA HOCKEY ZERO TOLERANCE POLICY

The game will be stopped by on-ice officials when the parents/spectators displaying inappropriate and disruptive behavior interfere with other spectators or participants of the game. The on-ice officials will identify violators to the coaches for the purpose of removing parents/spectators from the viewing and game area. Once removed, play will resume. Lost time will not be replaced and violators may be subject to further disciplinary action by the local governing body. This inappropriate and disruptive behavior shall include:

- Using obscene or vulgar language in a boisterous manner to anyone at any time.
- Taunting players, coaches, officials or other spectators by means of baiting, ridiculing, threatening physical violence, or physical violence.
- Throwing any object in the spectators' viewing area, players' bench, penalty box or on-ice surface, that in any manner creates a safety hazard.
- Violations will be reviewed by the Jr. Hockey Advisory Board for disciplinary action based upon the programs approved progressive disciplinary policy for coaches and/or players.

Game Misconduct and Fighting Penalties/Major Penalties:

Game Misconduct: Any player or coach who is assessed or receives a game misconduct penalty shall be suspended for the team's next scheduled game as per the USA Hockey Rule 404(c). The Troy Recreation Department and the Troy Jr. Hockey Advisory Council shall assess that same player or coach a second scheduled game suspension for a total of two (2) game suspension. If that same player or coach receives a second game misconduct penalty within 6 months from the previous penalty, that same player shall be assessed a fourteen (14) day suspension from any and all hockey games. If the 2nd game misconduct happens at the end of the season and the full 14 days cannot be served, the remaining unserved days will go into effect beginning the next season's game schedule. If that same player or coach receives a third game misconduct penalty within 6 months from the previous penalty, the advisory council will review the case to determine the appropriate disciplinary action.

Fighting Penalties/Major Penalties: The Troy Recreation Department and the Troy Jr. Hockey Advisory Council shall assess any player who is assessed or receives a Major Penalty for Fighting, a one (1) scheduled game suspension in addition to any penalty issued by the referees. Any player that is assessed a second Major Penalty for Fighting within 6 months from the previous penalty shall be assessed a fourteen (14) day suspension from any and all hockey related games, practices or events associated with the Troy Recreation Department Junior Hockey Program. If that same player receives a third Major Penalty for Fighting within 6 months from the previous penalty, that same player shall be excused and prohibited from any participation in the Troy Recreation Department Junior Hockey Program for 12 months.

Participant Signature: _____

Date: _____

Parent/Guardian Signatures: _____

Date: _____

Date: _____

2009-10 Jersey Ordering Information

This list intends to provide assistance in determining what Jersey(s) to purchase for the 2009-10 season. The list includes the team the participant played on last year and what jersey they had. Below is the list of possible teams they will play on this season with the Jerseys needed for this season's teams. Please call 339-5145 with any questions.

Team last season – (Last Season's Jersey)

IP – (Jersey Provided)

- To IP - No Jersey Purchase Required
- To Mite – 1 Jersey – Color Determined by Team Selections
- To Squirt House – 1 Jersey – Kobe Gold
- To Squirt Travel – 2 Jerseys – Kobe Gold & Kobe Black

Mite – (Kobe Gold)

- To Mite – 1 Jersey (Color Determined by Team Selection)
(Pick size & order Jersey at this time and appropriate jersey color will be ordered by the Recreation Department once teams are selected.)
- To Squirt House – 1 Jersey – Kobe Gold
- To Squirt Travel – 2 Jerseys – Kobe Gold and Kobe Black

Squirt House – (Kobe Gold)

- To Squirt House – Kobe Gold
- To Squirt Travel – Kobe Gold & Kobe Black
- To PeeWee House – Boston 3rd
- To PeeWee Travel – Boston 3rd & Kobe Black

Squirt Travel – (Kobe Black & Kobe Gold)

- To Squirt House – Kobe Gold
- To Squirt Travel – Kobe Gold & Kobe Black
- To PeeWee House – Boston 3rd
- To PeeWee Travel – Boston 3rd & Kobe Black

PeeWee House (Boston 3rd)

- To PeeWee House – Boston 3rd
- To PeeWee Travel – Boston 3rd & Kobe Black
- To Bantam Travel – Boston 3rd & Kobe Black

PeeWee Travel (Boston 3rd & Kobe Black)

- To PeeWee Travel – Boston 3rd & Kobe Black
- To Bantam Travel – Boston 3rd & Kobe Black

Bantam Travel (Boston 3rd & Kobe Black)

- To Bantam Travel – Boston 3rd & Kobe Black
- To Midget Travel – Boston 3rd & Kobe Black

Midget Travel (Boston 3rd & Kobe Black)

- To Midget Travel – Boston 3rd & Kobe Black



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____
Participating in USA Hockey for the 2008-2009 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.

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

MEDICAL HISTORY

If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment on the back of this form.

- | | | |
|-----------------------------------------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Head Injury
<i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.

TEAM NAME (if applicable): _____									
<input type="checkbox"/> Coach		<input type="checkbox"/> Player							
NAME		LAST		FIRST				MI	
MAILING ADDRESS		_____						DATE OF BIRTH	
CITY		STATE				ZIP CODE			
E-MAIL		<input type="checkbox"/> MALE		U.S. CITIZEN?		<input type="checkbox"/> YES		IF NO, WHAT COUNTRY?	
HOME PHONE		<input type="checkbox"/> FEMALE				<input type="checkbox"/> NO			
AREA CODE		PARENT/GUARDIAN WORK PHONE		AREA CODE					



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.

PARTICIPANT SIGNATURE

Age _____ Date Signed _____

PARTICIPANT NAME (please print)

PARENT OR GUARDIAN SIGNATURE (if participant is 17 years of age or younger)

Date Signed _____