



Parent • Player Information Packet  
2019 - 2020 Season

Player: \_\_\_\_\_  
\_\_\_\_\_

# SMITHTOWN HAUPPAUGE ICE HOCKEY CLUB

P.O. Box 178 of Smithtown, New York 11787

Dear Parents, Guardians and Players,

Thank you for selecting the Smithtown – Hauppauge Ice Hockey Club for the upcoming Suffolk County H.S. Hockey League Season. Enclosed you will find your 'Parent and Player Information Packet' document. Please **complete this document in its entirety** and **hand it in at the time of Tryout Registration.** **NO EXCEPTIONS.**

The Parent and Player Information Packet includes the following documents:

1. Player Bio Document
2. Smithtown-Hauppauge Zero Tolerance Forms
3. Suffolk County H.S. Hockey League – Player Registration Form
4. Current USA Hockey Player Registration with Bar Code for the upcoming **2018-2019** season. (www.usahockey.com) See attached Sample.
5. Copy of Player's Birth Certificate
6. USA Hockey Consent to Treat Form
7. USA Hockey Zero Tolerance Forms
8. USA Hockey Waiver of Liability Form

Players will wear full equipment to all on-ice activities including. Full equipment shall include:

Shin Guards	Jersey
Cup & Supporter	Socks
Shoulder Pads	Hockey Gloves
<b>Mouth guard</b>	<b>Neck Guard</b>
Elbow Guards	Helmet with "HECC Cage, Chin Straps and Ear Guards

**Players without full equipment will not be allowed to participate in on ice activities. NO EXCEPTIONS.**

Fees:

1. There is a \$25.00 cost for returning players to tryout.
2. There is a \$50.00 cost for new players to tryout.
3. **All** players must provide a \$600.00 deposit in the form of a check at the time of tryouts. If a player makes the team the \$600.00 deposit will go towards tuition. If a player did not make the team the \$600.00 check will be returned.
4. Checks to be made out to: *Smithtown Hauppauge Ice Hockey Club*

If you have any questions or need further information please feel free to contact us. Contact info can be found on our Website.

Best of Luck,

*The Smithtown-Hauppauge Ice Hockey Club Board*

# SMITHTOWN HAUPPAUGE ICE HOCKEY CLUB

## Player Bio Form

### Player Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School District: \_\_\_\_\_

Grade Level in September- \_\_\_\_\_ Year of Graduation- \_\_\_\_\_

### Hockey Information:

Years played: \_\_\_\_\_ Did you play for Smithtown Hauppauge Ice hockey club?  Yes  No

If yes, which team did you play for? \_\_\_\_\_

Are you a Transfer player?  Yes  No

If yes, where did you play? \_\_\_\_\_  Varsity  JV  Freshman

Do you play or have you played travel hockey?  Yes  No If yes, what Level? \_\_\_\_\_

Position(s): \_\_\_\_\_ Jersey No. \_\_\_\_\_ 1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

### Parent or Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Special/ Additional Information:

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# SMITHTOWN HAUPPAUGE ICE HOCKEY CLUB

## Zero Tolerance Policy (Page 1 of 2)

In conjunction with the USA / NYSAHA the Smithtown Hauppauge Ice Hockey Club has implemented its own amendment to the 'Zero Tolerance Policy' to include the following:

### Practice:

- Players who cannot make a practice must personally contact their coach.
- Players should be dressed for practice and be on the bench at least 5 minutes before practice.
- Players will participate in ALL drills during practice.
- Players should bring their own water to the bench area. Practice is short enough; we don't want to waste time with players leaving the ice for water.
- Missed practice will directly affect the player's icetime.
- Coaches may bench a player at next game for missed practices at their discretion.

### Games:

- Players who cannot make a game must personally contact their coach.
- Players should know their own timetable and arrive in time to be dressed in the locker room 45 minutes before a game for coach's strategy or game plan meeting.
- Players arriving less than 45 minutes before a game will not be dressing and will be watching the game from the spectator area.
- Players must notify their coach in advance of any extenuating circumstances affecting their timeliness to be excused from the 45 minuterule.
- We are a team. It is imperative that all players and coaches be respected.
  - Do not talk back to or yell at a coach or staff member.
  - Do not put down a teammate.
  - If you have a problem with an assistant coach or another player, speak to the head coach in private.
  - If you have a problem with your head coach, try to work it out with him in private. If you feel you still have a problem, write or email the board. Anonymous complaints will be ignored.
- Do not talk back to or yell at an on-ice official. Abuse of an official is a game misconduct.
- If you are given a penalty, go directly to the box.
  1. Do not stop to talk to the coach.
  2. Do not stop to talk to the Ref/Linesman.
  3. Do not stop for water.
  4. Do not throw your stick, gloves, or helmet.
  5. Do not slam the penalty box door.
  6. Just Go To The Box!
- Obscene language will not be tolerated in the locker room, on the bench, or on the ice.
- Go directly to the locker room after the game.

### Uniforms:

- The Board and coaching staff will be strictly enforcing the uniform rule.
- No player will be allowed to go on the ice for a league game unless they are in a complete, properly lettered Smithtown Uniform.
- The jersey must be intact... No rips or tears and with two-tone (red/blue) letters and numbers.
- White home jersey with matching white socks
- Blue away jersey with matching blue socks
- The socks are to be our uniform socks and not those from another team.

### Suspensions:

- Any player sitting out a game due to a suspension (League or Club) must attend the game and watch from the spectator area to receive credit for the suspension.
- Any coach receiving a game misconduct under USA Hockey rule 404(d)\* may, as his discretion and with board review, elect to impose a club suspension on the player or players whose on-ice conduct significantly contributed to that 15-penalty count.

*"USA Hockey Rule 404(d) Any Head Coach whose team receives 15 or more penalties during one game shall be suspended for the next one game of that team."*



# SMITHTOWN-HAUPPAUGE ICE HOCKEY CLUB

## Zero Tolerance Policy (Page 2 of 2)

### Equipment:

- Players will wear full equipment to all on-ice activities including, but not limited to, practice and games. Full equipment shall include...

Shin Guards	Elbow Guards
Cup & Supporter	Hockey Gloves
Shoulder Pads	<b>Neck Guard</b>
<b>Mouth guard</b>	Helmet with "HECC Cage, Chin Straps and EarGuards
- Players without full equipment will be asked to leave the ice. NO EXCEPTIONS.

### Locker Rooms:

- Any player exhibiting inappropriate behavior in or around the locker room will be suspended for their next game.
- Repeated incidents may result in the suspension of locker room privileges for the player, the entire team, or a hearing before the discipline committee.
- Keep the locker rooms clean. Each player is responsible for his/her own trash. The last two players out are expected to ensure that we leave a clean locker room.
- Any player intentionally destroying or defacing a locker room will be suspended and will appear before the discipline committee.
- Anyone involved in an injury to another player will be suspended.
- No one except players and coaches will be allowed in the locker room.
- Family and friends must wait in the lobby for players.
- Use of any illegal substance, drugs, e-cigs, alcohol or tobacco products in the locker will result in a three game suspension.

### Spectators:

- Family and friends are encouraged to attend games and cheer for their team and even cheer for opponents when an exceptional play is made. However, derogatory remarks, booing opponents, or yelling at players from the stands is NOT welcome.
- Anyone displaying such behavior will be
  - 1) Asked to refrain from doing so
  - 2) Warned against doing so
  - 3) Asked to leave the arena

In accordance with USA Hockey's Spectator's Zero Tolerance policy...

*Inappropriate & Destructive Behavior Shall Include:*

- Using obscene, racial 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, player's bench, penalty box, or on-ice surface, that in ANY manner creates a safety hazard.

Any game official will identify violators for the purpose of REMOVING parents/spectators from the spectators 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.

Signed: \_\_\_\_\_  
(Athlete)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent)

Date: \_\_\_\_\_

# SUFFOLK COUNTY

HIGH



SCHOOL

## HOCKEY LEAGUE, INC.

THE RINX • HIDDEN POND PARK • 660 TERRY ROAD • HAUPPAUGE, LONG ISLAND, NY 11788

### Player Registration Form

Player's Name: _____	Season <input type="checkbox"/> 2018-2019 <input type="checkbox"/> 2021-2022
	<input type="checkbox"/> 2019-2020 <input type="checkbox"/> 2022-2023
Address: _____	<input type="checkbox"/> 2020-2021 <input type="checkbox"/> 2023-2024
_____ Zip: _____	Grade at Start of Season _____
Telephone: (____)____-_____	School: _____
E-Mail: _____	Birth Date: _____

I, \_\_\_\_\_, print parent/guardian name have given permission for my child, named above, to participate as a player for \_\_\_\_\_ print name of organization (known as "The Organization") in the Suffolk County High School Hockey League (known as "The League"). I acknowledge that I will be responsible for payment of all fees related to the hockey season and that these fees are **non-refundable** once the season begins. Further, I acknowledge that I know of no medical reason why my child cannot participate and that "The Organization" and "The League" disclaims any and all liability with respect to injuries incurred during participation in an ice hockey activity sanctioned by "The Organization" or "The League".

Insurance regulations, USA Hockey rules, League Bylaws and/or Organization rules require all players participating to wear full equipment both on the ice and on the bench. This includes, but is not limited to, approved helmet, neck-guard and mouth-guard.

All players, parents, and spectators are expected to adhere to all Rules, Regulations and By-Laws of USA Hockey, The New York State Amateur Hockey Association, The Suffolk County High School Hockey League, the rules of good sportsmanship and common sense. Unsuitable conduct may result in the expulsion of a spectator from the arena or in a player's dismissal (**no refunds**).

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Player's Signature                      Date

**WELCOME TO USA HOCKEY  
TAKE THIS RECEIPT TO YOUR LOCAL PROGRAM TO COMPLETE YOUR  
REGISTRATION**

2019•20 SEASON

(Valid through August 31, 2020)



**Registration Information:**

**Registration Category:** ICE PLAYER

**Date of Registration:** 09/07/2011

**Amount Paid - USA Hockey:**

**Amount Paid - NEW YORK STATE AMATEUR HOCKEY ASSOCIATION:** \$3.00

**Birth Year:**

- This confirms that you have paid your 2011-12 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 2011-12 season. You will receive an email when your registration is processed by your team/program.
- This receipt does NOT guarantee membership or placement on a team.
- If you have questions, email [comments@usa-hockey.org](mailto:comments@usa-hockey.org) or call 800-566-3288 ext 123.

**Confirmation #:** 25022344



25022344

**WAIVER OF LIABILITY, Release Agreement**

It is the purpose of this agreement to exempt, waive, and release USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, referees, and each of them, their officers, directors, agents and employees. For and in consideration of the undersigned participant (and the parent(s) or legal guardian(s) of participant, if applicable) and being allowed to participate in team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish all claims, rights, and causes of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of, or incident to, participation in ice hockey, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and to the extent that such claims, rights, and causes of action may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s)/guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does 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 "releases" 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 releases, or negligent supervision or instruction by releases. 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 releases, he/she shall defend, indemnify and save harmless releases 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 releases, 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. 1W Rev 1/03

**PLEASE PROVIDE CURRENT REGISTRATION FOR UPCOMING SEASON.**

**Must be for Current Season**





# USA Hockey National Championships 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 \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

#### 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<br><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.



# USA HOCKEY'S ZERO TOLERANCE POLICY FOR PARENTS/SPECTATORS

## PARENTS/SPECTATORS:

The game will be stopped by on-ice officials when the parents/spectators displaying inappropriate and disruptive behavior interfere with other spectators or the game. The on-ice officials will identify violators to the coaches for the purpose of removing parents/spectators from the spectator's 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:

- Use of obscene or vulgar language in a boisterous manner to anyone at any time.
- Taunting of players, coaches, officials or other spectators by means of baiting, ridiculing, threat of violence or physical violence.
- Throwing of any object in the spectator's viewing area, player's bench, penalty box or on-ice surface, directed in any manner as to create a safety hazard.

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Signature of Parent/Guardian

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Date

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Signature of Parent/Guardian

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Date



## Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

For and in consideration of participant's registration with USA Hockey, Inc., its Affiliate, Local association and member team (hereafter USAH) and being allowed to participate in USAH events and member team activities, the parent(s) or legal guardian(s) of participants relinquish any and all liability for and cause of action 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 may have are hereby relinquished and the participant (or parent(s)/guardian(s)) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant and/or participant's parent(s)/guardian(s) acknowledge, understand and assume all risks inherent in ice hockey and any member team activities, and understand that said sport and 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. It is further acknowledged that there may be risks and dangers not known to us or are not reasonably foreseeable at this time. 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/or participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledges and understands that included within the scope of this waiver and release is any cause of action, 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.

Participant or participant's parent(s)/guardian(s) 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 of wherever made or presented for participant's personal injuries, property damage or wrongful death.

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death 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, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees.

Participant and/or participant's parent(s)/guardian(s) 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 policy, which could affect any coverage under our policy. Read your brochure carefully and contact USA Hockey or a District Risk Manager if you have any questions.

\_\_\_\_\_ Age \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARTICIPANT NAME (PRINT)

\_\_\_\_\_ Date Signed \_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(if Participant is 17 years of age or younger)