



August 5, 2011

**Waubonsie Valley Hockey Club (WVHC)**  
**Subject: 2011-12 Season Registration**

Dear Current and Future WVHC Families:

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

For the 2011-12 season we have applied to the Amateur Hockey Association of Illinois (AHA) to add Marmion Academy to our current combined club, consisting of players from Waubonsie Valley, Oswego East, and Metea Valley High Schools. We are confident that AHA will approve our request as they did last season, when we enjoyed success in both the West Division of the Chicago Metro High School Hockey League (Varsity Metro West Co-Champions, JV top half finish in Metro West) and in the Blackhawk Cup (Varsity 2nd in State and JV Final Eight in State). This season we again intend to field very competitive teams at both the Varsity and Junior Varsity levels.

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

- Part 1** - What the WVHC 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 WVHC members

The WVHC 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 that this sport offers such as the meaning of teamwork, life long friendships, exciting physical play, and quality time together. We also recognize that it is an expensive sport that is not subsidized by the high schools. We believe we are again 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:** Besides providing each and every player the opportunity to participate in a high school sport, play in roughly 50 games in front of friends and peers, represent his school, earn high school numerals and letters, become a Metro West or All-Metro 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, WVHC also has the following to offer:

- **Quality Coaching Staff** - This year the WVHC has retained an extremely qualified and dedicated coaching staff. Once again the coaching staff will be led by **Jeff Salzbrunn**, who will serve as the Varsity Head Coach and be responsible for the overall development of both the Junior Varsity and Varsity players. He has an extensive coaching resume, and in addition to appearances in the Varsity Combined State Final the last two seasons, he most notably led the Waubonsie Valley Hockey Club to a State Championship in 2000. In between, he also coached at Neuqua Valley. We are glad to have him return as the Head Varsity Coach and he is looking forward to working with our players. He will be joined by returning Assistant Coach **Jim Frasco**.

We are also pleased to be able to provide an opportunity for a former member of Coach Salzbrunn's staff to become a coaching leader at the Junior Varsity level. **Brian Finnerty** will be taking on the position of Head Junior Varsity Coach this season, after a successful season as Assistant JV Coach. Brian is a former Neuqua Valley player, and has also assisted Coach Salzbrunn at the Varsity level in past seasons.

Last season's Head JV Coach, Rob Trefil, has accepted a teaching position in southern Illinois and will not be able to return this season. We wish Rob the best as he begins his teaching career. We are currently selecting an Assistant JV Coach, and will communicate to the club as soon as we have completed the process.

For additional information on our coaching staff please visit our website at **[www.waubonsiehockey.com](http://www.waubonsiehockey.com)**.

- **Season Practice Ice Secured** - The WVHC has secured prime practice ice at All Seasons Ice Arena, which is also heavily utilized for Metro West league games.

The ice times are:

- **Monday**                      **8:30 pm to 10:00 pm**
- **Tuesday**                    **8:30 pm to 10:00 pm**
- **Thursday**                  **7:30 pm to 8:45 pm**
- **Thursday**                  **8:55 pm to 10:10 pm**

We plan to again be able to dedicate two ice slots each week to each team (to be assigned). It is very convenient to know that our ice times will remain the same throughout the season, which better enables players to meet their school and family obligations.

- **Metro West Membership Renewed** - This league is the most competitive and well run of all high school hockey leagues in the State. This league is 35+ years old and well established. WVHC is proud to be one of the teams in Metro West again this season. All district 203 and 204 high school teams are in Metro West and the

majority of games are scheduled at local ice rinks. Typically, Junior Varsity and Varsity play back-to-back games on weekends, which is fun for the Club. The league also offers All-Star Games and Round Robin Playoffs within Metro West, and potential advancement to the All Metro Playoffs.

- **Fundraising** - The WVHC is dedicated to keeping costs down and making the club affordable. In order for the WVHC to minimize our fees, we participate in at least two fundraisers. The first involves volunteering at Ribfest. At this year's event we volunteered for "security" duty (i.e. parking). Many players participated and earned \$700, which will help defray the cost of **team gloves**.

The second 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 8 teams again this year, including our own JV team. This tournament will be held from **September 16<sup>th</sup> through 19<sup>th</sup>**.

- **Tournaments** - In addition to the Pow Wow tournament for the JV teams, the Metro West League Playoffs and the State Finals (Blackhawk Cup), this season the Varsity will also participate in the Bartlett Varsity Invitational Tournament, also held from **September 16<sup>th</sup> through 19<sup>th</sup>**. This promises to once again be a very exciting and competitive tournament, with several teams participating that went deep in last season's Blackhawk Cup. 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 that 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** – In past seasons, the WVHC has participated in the Metro Invitational Tournament, a ten-game season-long schedule of games with teams in other Metro divisions. Last season, especially at the Varsity level, we found these games to be both less competitive, less convenient, and less valuable to team development than exhibition and tournament games against select teams. As a result, for this season we plan to schedule a comparable number of exhibition games against competitive clubs in addition to the Metro West schedule. The result should be a 50 game season against better matched competition, with no additional impact to fees.
- **Banquets** - The WVHC is comprised of great families. In addition to the many weekend games, we will also be gathering in mid-September to have our formal **Meet the Coaches / Parent Meeting** (details on time, date and location will follow). This will be followed by our traditional **Christmas 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.

**Part 2:** Following are some key dates leading up to the beginning of the 2011-2012 hockey season:

- **Pre-Season Conditioning** - The WVHC will be running a pre-season on-ice conditioning clinic on the following dates and times at All Seasons Ice Arena – **RED** Rink unless otherwise noted:
  - Monday        August 15        6:40 pm – 7:40 pm
  - Wednesday   August 17        6:40 pm – 7:40 pm    (**BLUE** rink)
  - Friday         August 19        6:40 pm – 7:40 pm

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

- **Goalie Clinics** – Metro West is conducting Goalie Clinics the week of August 15<sup>th</sup> through 19<sup>th</sup> at All Seasons Ice Arena, each evening (M-F) from 8:00 to 9:30 pm. We have scheduled our conditioning sessions so that our goalies are able to participate in both sessions. We also encourage players and coaches to help out at the clinic as shooters and clinicians.
- **Tryouts** - The WVHC will be conducting tryouts on the following dates and times at All Seasons Ice Arena – **RED** Rink:
  - Monday        August 22        6:40 pm – 7:40 pm
  - Wednesday   August 24        6:40 pm – 7:40 pm
  - Friday         August 26        6:40 pm – 7:40 pm

For the most current schedule information please visit our website at **[www.waubonsiehockey.com](http://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 or about Sunday, August 29. The final decision on team assignments will be made as soon as possible following both our tryouts and local club tryouts, on or about Monday, September 6.

**Part 3:** Our registrar, **Jaynai Fort**, has assembled the attached packet of forms required to register your player(s). The required forms are as follows:

1. **WVHC Player Registration Form**
2. **WVHC Waiver and Release of Liability Form**
3. **Metro West Participation Form**
4. **Athletic Physical Form**
5. **WVHC Rules and Ethics Form**
6. **WVHC Financial Agreement**
7. **Confirmation letter of USA Hockey Registration**
8. **Copy of Birth Certificate (New Players Only)**

**These forms are to be submitted to Jaynai Fort (her address and email appear on the attached packet) on or before August 15, which coincides with our first ice slot for the Pre-Season Conditioning Clinic.**

WVHC offers the following payment plans:

- **Season Fee - Option 1:** \$3850 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 \$3850 per player.
  - 1<sup>st</sup> payment of \$350 per player due August 15. 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:
    - 2<sup>nd</sup> payment of \$500 per player due Sept. 6
    - 3<sup>rd</sup> payment of \$500 per player due October 10
    - 4<sup>th</sup> payment of \$500 per player due November 14
    - 5<sup>th</sup> payment of \$500 per player due December 12
    - 6<sup>th</sup> payment of \$500 per player due January 16
    - 7<sup>th</sup> payment of \$500 per player due February 13
    - 8<sup>th</sup> payment of \$500 per player due March 12

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 (\$1925). The same payment options (with half due) are available for the goalie fees.

We have held our fees at the level of the last two seasons, and our club's pricing continues to be very competitive, as other club's fees are approximately \$3795 for Bantam (NIHL) and over \$5000 for Midget Central States. But more importantly, for a comparable fee, we provide between roughly 50 games along with all of the unique advantages of high school hockey. Please note also that the WVHC does not penalize parents for spreading their payments into March, 2011.

**The cost of our Home and Away Jerseys (new players only), Home and Away Socks is included in our season fee. New players will also receive an equipment bag and a logo shell at no cost.** Warm ups will however need to be purchased separately and the cost will be about \$82.

**Part 4:** Many parents and players come to the WVHC 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. This is not true at the WVHC. The WVHC runs on the dedication of its parents and families and all are involved in the success of the program. We recognize that 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 WVHC families participate in our volunteer efforts and this maximizes what we get for our player fees. These volunteer efforts consist of participation in the Ribfest, working part time 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 Metro West 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 WVHC offers a great opportunity for your hockey player to participate in the sport that they love at the school they attend. The WVHC prides itself 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](http://waubonsiehockey.com)** for updates.

Sincerely,

#### **The Waubonsie Valley Hockey Club Board**

Scott Steele  
President  
[ssteele@wideopenwest.com](mailto:ssteele@wideopenwest.com)

Steve Straka  
Vice-President  
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Rick Taylor  
Member  
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**Waubonsie Valley Hockey Club  
Player Information Form – 2011/2012 Season**

*Please Print*

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Jersey Size:** \_\_\_\_\_ **Jersey #:** 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**Pants Size:** \_\_\_\_\_ **Glove Size:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Parent's 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** \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, of the Waubonsie Valley Hockey Club, am aware that in registering my minor child/ward for participation in the Waubonsie Valley Hockey Club, I am waiving and releasing all claims for injuries I or my minor child/ward might sustain arising out of the participation in such program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full and entire risk of any injuries, damages or loss, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated with such programs.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against Jackson Storage Properties D.B.A All Seasons Ice Rinks, and any of their officers, agents, members, servants, and/or employees of the mentioned entities.

I do hereby fully release and discharge All Seasons Ice Rinks and any of the officers, agents, members, servants and/or employees of the mentioned entities from any and all claims from injuries, damages or loss which I or my minor child/ward may have or may accrue to me or my minor child/ward and arising out of, or connected with, or in any way associated with the activities of the program above.

I further agree to indemnify and hold harmless and defend All Seasons Ice Rinks, and any of the officers, agents, members, servants, and/or employees of the mentioned entities from any and all civil claims resulting from injuries, damage or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program above.

In the event of an emergency, I authorize All Seasons Ice Rinks, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me and my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment.

Participant Name

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_





# CHICAGO METROPOLITAN HIGH SCHOOL HOCKEY LEAGUE

## PARTICIPATION FORM

Player's Name \_\_\_\_\_ School Name \_\_\_\_\_

Street Address \_\_\_\_\_ School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ School Phone \_\_\_\_\_

### **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 Team, and in consideration of his/her enrollment and participation, we agree that we shall indemnify and save the above High School Team, the school(s), its agents and coaches; the Chicago Metropolitan 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 Team during the 20 \_\_\_\_ - 20 \_\_\_\_ season.  
(Insert Years)

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 \_\_\_\_\_

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 Team and to participate in the Chicago Metropolitan High School Hockey League for the 20 \_\_\_\_ - 20 \_\_\_\_ season.  
(Insert Years)

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 20 \_\_\_\_ - 20 \_\_\_\_ season.  
(Insert Years)

In the event of injury, I hereby give my permission to hospitalize and secure treatment, and to order injection, anesthesia or surgery for the above named person.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Next of Kin \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**All Signatures MUST be Originals. No FAX Copies Accepted. Return BOTH Copies to League Registrar.**

League Initials \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_





Student's Name			Birth Date	Sex	School	Grade Level /ID#
Last	First	Middle	Month/Day/ Year			

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.		
Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date

<b>1. Clinical diagnosis is acceptable if verified by physician.</b> *(All <u>measles</u> cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)															
<b>*MEASLES (Rubeola)</b>		MO	DA	YR	<b>MUMPS</b>		MO	DA	YR	<b>VARICELLA</b>		MO	DA	YR	<b>Physician's Signature</b>
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.</b> Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.															
<b>Date of Disease</b>					<b>Signature</b>					<b>Title</b>					<b>Date</b>
<b>3. Laboratory confirmation (check one)</b> <b>Lab Results</b>					<input type="checkbox"/> Measles		<input type="checkbox"/> Mumps		<input type="checkbox"/> Rubella		<input type="checkbox"/> Hepatitis B		<input type="checkbox"/> Varicella		(Attach copy of lab report, if available.)
					Date	MO	DA	YR							

[illegible]

**(Complete Both Sides)**

Student's Name				Birth Date		Sex	School		Grade Level/ ID #	
Last		First		Middle		Month/Day/ Year				
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER										
ALLERGIES (Food, drug, insect, other)						MEDICATION (List all prescribed or taken on a regular basis.)				
Diagnosis of asthma?		Yes	No	Indicate Severity		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes	No	
Child wakes during the night coughing		Yes	No			Hospitalizations? When? What for?		Yes	No	
Birth defects?		Yes	No							
Developmental delay?		Yes	No							
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No			Surgery? (List all.) When? What for?		Yes	No	
Diabetes?		Yes	No			Serious injury or illness?		Yes	No	
Head injury/Concussion/Passed out?		Yes	No			TB skin test positive (past/present)?		Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?		Yes	No			TB disease (past or present)?		Yes*	No	
Heart problem/Shortness of breath?		Yes	No			Tobacco use (type, frequency)?		Yes	No	
Heart murmur/High blood pressure?		Yes	No			Alcohol/Drug use?		Yes	No	
Dizziness or chest pain with exercise?		Yes	No			Family history of sudden death before age 50? (Cause?)		Yes	No	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____						Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other				
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						Other concerns?				
Ear/Hearing problems?		Yes	No			Information may be shared with appropriate personnel for health and educational purposes.				
Bone/Joint problem/injury/scoliosis?		Yes	No			Parent/Guardian Signature _____ Date _____				

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)											
PHYSICAL EXAMINATION REQUIREMENTS				HEIGHT		WEIGHT		BMI		B/P	
DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>											
LEAD RISK QUESTIONNAIRE* Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Blood Test Result _____ (Blood test required in Chicago and other high risk zip codes.)											
TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read ____/____/____ Result _____ mm											
LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES			Date		Results				Date		Results
Hemoglobin * or Hematocrit *							Sickle Cell * (as indicated)				
Urinalysis							Other				
SYSTEM REVIEW		Normal	Comments/Follow-up/Needs					Normal	Comments/Follow-up/Needs		
Skin							Endocrine				
Ears							Gastrointestinal				
Eyes		Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Result _____		Genito-Urinary			LMP	
Neurological											
Nose							Musculoskeletal				
Throat							Spinal examination				
Mouth/Dental							Nutritional status				
Cardiovascular/HTN							Mental Health				
Respiratory											
NEEDS/MODIFICATIONS required in the school setting							DIETARY Needs/Restrictions				
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup											
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal											
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.											
On the basis of the examination on this day, I approve this child's participation in (If No or Modified, please attach explanation.) PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>											
Physician/Advanced Practice Nurse/Physician Assistant performing examination											
Print Name				Signature				Date			
Address						Phone					

(Complete both sides)



## **Waubonsie Valley Hockey Club Rules & Ethics Policy – 2011/2012 Season**

The Waubonsie Valley Hockey Club is committed to the development of our players as both athletes and individuals. To meet this goal the Waubonsie Valley 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 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.

### **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 Waubonsie Valley 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 (AHA) Rules and Regulations require that WVHC Members give AHA 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.
- All players are expected to look like a team and provide a positive impression of the club. To accomplish this all players are expected to wear a collared shirt, tie, dress pants and dress shoes (not athletic shoes) to all games. This requirement may be modified to the team warm ups at the coach's discretion.

- Matching game socks and jerseys are to be worn for each game. These items are not to be worn at practices.
- If assigned, players are required to bring water bottles and pucks to practices and games. All water bottles are to be washed and refilled prior to each game and practice.

Consequences for non-compliance with Team Rules may consist of reduced playing time or other forms of appropriate disciplinary actions as determined by the coaches.

### **Violations**

AHAI may take disciplinary action for on ice or off ice incidents that violate the standards of conduct described above. Whether AHAI elects to act or not, the WVHC Board may take disciplinary actions against WVHC Members for violations. These actions may include probation, suspension from games, practices or other activities, expulsion from the organization or other appropriate disciplinary action. Disciplinary action against a parent or guardian may be enforced by suspending or excluding their player from games or practices if the parent or guardian fails to abide by the WVHC Board action.

Disciplinary action shall be imposed fairly, consistently and match the severity of the violation. It shall be imposed without regard to the player's importance on the team. Any disciplinary action taken by the WVHC Board will be preceded by an investigation, a report and a recommendation by the WVHC Rules & Ethics Committee Chairperson to the WVHC Board.

Any questions involving the WVHC Rules and Ethics Policy shall be directed to the WVHC Board or an individual of the WVHC Board.

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Player's Signature	Date
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Parent's/Guardian's Signature	Date
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Parent's/Guardian's Signature	Date
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### **The Waubonsie Valley Hockey Club Board**

Scott Steele  
President  
[ssteele@wideopenwest.com](mailto:ssteele@wideopenwest.com)

Steve Straka  
Vice-President  
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Treasurer  
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Rick Taylor  
Member  
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## Agreement

This Agreement is made effective August 15, 2011, between the parent or guardian (“Parent”) and the **Waubonsie Valley Hockey Club** (“Club”).

Parent and Player agree that Player shall play for the **Waubonsie Valley Hockey Club** for one full season, commencing August 29, 2011 and ending March 31, 2012. Parent and Player agree that Player shall be actively involved with the Club’s team and no other USA Hockey registered organization, unless approved in writing by the Club. 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 another valid reason. 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 (AHAII).

Upon notification of acceptance to the Club the Parent agrees to pay a non-refundable pre-registration fee of \$350 by August 15<sup>th</sup>. 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 6<sup>th</sup> in the form of a check payable to 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, with the first payment and six post-dated payments due by September 6<sup>th</sup>. The payment of the season fee (or the first installment payment) will serve to reserve Player’s place on the roster.

Please note that 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) WVHC Waiver and Release of Liability Form; (iii) Chicago Metropolitan High School Hockey League Participation Form; (iv) Medical Release and Treatment form; and (v) appropriate Rules and Ethics Policy forms (to be signed by **both** parents, where applicable), Birth Certificate, and Sports Physical Form.

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 that 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.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Club Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_