

# Lawrence County Amateur Hockey Association



## Youth Ice Hockey

### Skills Evaluation for the 2012-2013 Season

Sessions conducted at Hess Ice Rink - 3365 Mitchell Road, New Castle, PA

***Mite (birth year 2004-2008)***

Thursday, April 12th at 6:30 PM

***Squirt (birth year 2002 & 2003)***

Monday, April 9th at 6:00 PM

Tuesday, April 10th at 6:00 PM

***Pee Wee (birth year 2000 & 2001)***

Monday, April 9th at 7:15 PM

Tuesday, April 10th at 7:15 PM

***Bantam (birth year 1998 & 1999)***

Tuesday, April 10th at 8:30 PM

A non-refundable evaluation fee is due at tryouts:

Pee Wee & Squirt - \$40

Mite & Bantam - \$25

**Commitment fee of \$100.00 is also due at tryouts.\***

\*If player is offered and accepts placement on a LCAHA team, the \$100.00 will be applied to player's 2012-2013 season fees. If a player is not offered or declines an offer for placement by the deadline, the \$100.00 will be refunded. If a player does not respond by the deadline or leaves the organization after first having accepted an offer, the commitment fee is non-refundable.

**All players are required to be at rink and dressed 30 minutes before start time so coaches can prep players for the evaluations.**

**Membership and Registration Application packets are available at Hess Ice Rink or on our website: [www.LawrenceCountyHockey.com](http://www.LawrenceCountyHockey.com)**

**For more information visit our website or contact:**

Ted – [tsaad7@comcast.net](mailto:tsaad7@comcast.net) or 724-651-3211

Mark - [mmultari@verizon.net](mailto:mmultari@verizon.net) or 724-342-5411

# Lawrence County Amateur Hockey Association Skills Evaluation



Welcome to Lawrence County Amateur Hockey Association (LCAHA) youth travel hockey skills evaluation. LCAHA is a nonprofit amateur youth hockey association based in Lawrence County, Pennsylvania. Our teams, Lawrence County Lightning, are members of USA Hockey and the Pittsburgh Amateur Hockey League (PAHL). Our goal for the upcoming season is to field at least two squirt teams, a pee wee team and a bantam team. Additionally, we anticipate several mite division teams that will participate in PAHL jamborees.

Skill Evaluations session will be conducted at Hess Ice Rink which is located at 3365 Mitchell Road, New Castle (Neshannock Township), PA 16105 on the following dates:

## Mite

**Thursday, April 12th at 6:30 PM**

## Squirt

**Monday, April 9th at 6:00 PM**

**Tuesday, April 10th at 6:00 PM**

## Pee Wee

**Monday, April 9th at 7:15 PM**

**Tuesday, April 10th at 7:15 PM**

## Bantam

**Tuesday, April 10th at 8:30 PM**

A non-refundable skill evaluation/tryout fee of \$40 for Squirt and Pee Wee players and \$25 for Bantam and Mite players is due at the time of the skill evaluation to cover the cost of the ice time and related expenses.

The purpose of the skills evaluation is to place each child on a team that is appropriate to their age and skill level. This will enable each child to grow and develop as a hockey player and an individual and to have an enjoyable and rewarding hockey experience.

**Squirts, Pee Wee and Bantams (Mites are all accepted)** - Within 72 hours of the conclusion of the skills evaluation, you will be contacted by a coach or member of LCAHA. If your child is offered a position on one of our PAHL travel teams, you will have 72 hours to accept the offer. You must accept the offer by signing and returning the commitment form to LCAHA. If you accept the offer, the \$100 commitment fee will be applied to the player's 2012-2013 season dues. If you decline the offer within 72 hours of the offer or if there are not a sufficient number of players participating to roster a team at your child's age group level, your commitment fee will be refunded. If your child leaves the organization after accepting the offer, the commitment fee is nonrefundable and, if your child leaves after team practice begins, you may be responsible for other costs and fees. If your child does not accept the offer within 72 hours, the offer is automatically revoked and the commitment fee becomes nonrefundable.

Our goal is to offer opportunities to all participants in the skills evaluations. However, we cannot guarantee that everyone will be offered a position on one of our PAHL travel teams. If your child is not offered a position on a PAHL travel team, other options may be available, such as a tournament travel team. If your child is not offered a position on one of our PAHL travel teams and is interested in participating on a travel tournament team, please let us know.

All player members of LCAHA are required to be registered with USA hockey and will not be permitted to practice with LCAHA teams until they have done so. You must submit a copy of your child's current USA Hockey registration with your Registration and Membership Application. If your child is not currently registered, you may register online with USA Hockey at [www.usahockeyregistration.com](http://www.usahockeyregistration.com).

The anticipated player dues for the 2012-2013 season will be as follows:

Mite - \$550  
Squirt & Pee Wee - \$1,200  
Bantam - \$1,300

(The player dues are subject to change based on participation - see LCAHA Handbook)

We will offer several fundraising opportunities in order to help you defray the cost of participation. Most of the fundraisers will be voluntary. We may also require participation in a mandatory team/organization fundraiser. Tournaments, jerseys and hockey socks are not included in the season dues and are extra.

Please review the [LCAHA Policies and Procedures Handbook](#). It is available on our website to view and download. Our website address is [www.LawrenceCountyHockey.com](http://www.LawrenceCountyHockey.com).

If you have any questions please contact Ted Saad by telephone at (724) 651-3211 or by email at [tsaad7@comcast.net](mailto:tsaad7@comcast.net).

Thank you.

# Lawrence County Amateur Hockey Association Registration and Membership Application



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

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

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please provide a copy of player's birth certificate with this application)

Child's prior hockey experience (include travel teams, house and developmental):

Season	Organization	Division (i.e., mite, squirt, house)	Level (i.e., B, A minor gold, A minor black)
2011-2012			
2010-2011			
2009-2010			

Parent(s)/Legal Guardian(s):

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

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

Relationship to Player: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Other Telephone: \_\_\_\_\_

Other Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address:

Same as player listed above (if not, complete)

Same as player listed above (if not, complete)

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

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

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team you are interested in for upcoming hockey season:

\_\_\_ Mite (2004-2008 birth years)

\_\_\_ Squirt (2002-2003 birth years)

\_\_\_ Pee Wee (2000-2001 birth years)

\_\_\_ Bantam (1998-1999 birth years)

Preferred Position: \_\_\_ Goalie

\_\_\_ Defenseman

\_\_\_ Forward

New players are required to purchase a practice jersey, 2 game jerseys & 2 pairs of game hockey socks. The cost of the jerseys and hockey socks are in addition to team dues. Orders for jerseys will be taken in the fall, prior to the start of the season.

If you/your child are offered a position on a LCAHA team you will have 72 hours to accept the offer. How would you like us to contact you?:

email: \_\_\_\_\_

telephone: \_\_\_\_\_

Player or Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Visit our website – [www.LawrenceCountyHockey.com](http://www.LawrenceCountyHockey.com)

----- For LCAHA Use – Do Not Complete -----

Player Evaluation Number \_\_\_\_\_

Comments:



# 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](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

# Medical History

(Completion of this page is optional)

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

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

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

Date of Birth \_\_\_\_\_

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

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

## Who to Contact in Case of an Emergency:

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

Relationship to Player: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

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

If the answer to any of the following question is or was yes, please describe the problem and its implications for proper first aid treatment on a separate sheet of paper and attach with this form.

## Have you had (or do you presently have) any of the following? (Circle Yes or No)

Head Injury (concussion, skull fracture etc.)

Yes / No

Fainting Spells

Yes / No

Convulsions/epilepsy

Yes / No

Neck or back injury

Yes / No

Asthma

Yes / No

High Blood pressure

Yes / No

Kidney Problems

Yes / No

Hernia

Yes / No

Diabetes

Yes / No

Heart murmur

Yes / No

Impaired vision

Yes / No

Impaired hearing

Yes / No

Allergies

Yes / No

Please specify: \_\_\_\_\_

Other: \_\_\_\_\_

Yes / No

## Have you had (or do you presently have) injuries to: (Circle Yes of No)

Shoulder

Yes / No

Knee

Yes / No

Ankle

Yes / No

Finger(s)

Yes / No

Arm

Yes / No

Other \_\_\_\_\_

Yes / No

Have you had recent tetanus booster?

Yes / No

If so, when? \_\_\_\_\_

Are you currently taking any medications

Yes / No

Has a physician placed any restrictions on your activity? Yes / No

\_\_\_\_\_  
PARTICIPANT SIGNATURE

Age \_\_\_\_\_

Date Signed \_\_\_\_\_

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

Date Signed \_\_\_\_\_

**USA HOCKEY  
PARTICIPANT  
CODE OF CONDUCT**

PLAYER NAME: \_\_\_\_\_

To be read and signed by you as a member of Lawrence County Amateur Hockey Association, and participating in USA Hockey for the 2012-2013 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: \_\_\_\_\_  
(Player)



Lawrence County Amateur Hockey Association  
Authorization and Release  
(Photograph and Visual)



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

Parents or Legal Guardians: \_\_\_\_\_

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

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

I authorize Lawrence County Amateur Hockey Association to publish and display photographs and other visual materials of me/my child on the organizations website and rink bulletin board and to use said photographs and other visual materials in promotional materials or for any other use for the benefit of the organization.

I hereby release Lawrence County Amateur Hockey Association, its directors, officers, members, employees, coaches and agents from any and all liability, claims, actions and lawsuits that may arise from the use of said photographs and visual materials. I have fully read this Authorization and Release; I fully understand it and intend to be legally bound by it.

Participant's Signature: \_\_\_\_\_  
(if 18 or older)

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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

# Lawrence County Amateur Hockey Association

## Codes of Conduct



All Members, Players, Coaches, Team Managers, Board Members, Volunteers, Parents, Spectators of LCAHA must observe the following appropriate Codes of Conduct.

### ***Coach's Code of Conduct***

- Winning is a consideration, but not the only one, nor the most important one. Care more about the child than winning the game. Remember, players are involved in hockey for fun and enjoyment.
- Be a positive role model to your players. Display emotional maturity and be alert to the physical safety of players.
- Be generous with your praise when it is deserved; be consistent and honest; be fair and just; do not criticize players publicly; learn to be a more effective communicator and coach; don't yell at players.
- Adjust to personal needs and problems of players; be a good listener; never verbally or physically abuse a player or official; give all players the opportunity to improve their skills, gain confidence and develop self-esteem; teach players the basics.
- Organize practices that are fun and challenging for your players. Familiarize yourself with the rules, techniques and strategies of hockey; encourage all your players to be team players.
- Maintain an open line of communication with your players' parents. Explain the goals and objectives of your association.
- Be concerned with the overall development of your players. Stress good health habits and clean living.
- To play the game is great, to love the game is greater.

### ***Parent's Code of Conduct***

- Do not force your children to participate in sports, but support their desires to play their chosen sports. Children are involved in organized sports for their enjoyment. Make it fun.
- Encourage your child to play by the rules. Remember, children learn best by example, so applaud the good plays of both teams.
- Do not embarrass your child by yelling at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.
- Emphasize skill development and practices and how they benefit your young athlete. De-emphasize games and competition in the lower age groups.
- Know and study the rules of the game and support the officials on and off the ice. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.
- Applaud a good effort in both victory and defeat, and enforce the positive points of the game. Never yell or physically abuse your child after a game or practice – it is destructive. Work toward removing the physical and verbal abuse in youth sports.
- Recognize the importance of volunteer coaches. They are important to the development of your child and the sport. Communicate with them and support them.
- If you enjoy the game, learn all you can about hockey – and volunteer.
- Supervise your child at all team functions and events

### ***Player's Code of Conduct***

- Play for fun.
- Work hard to improve your skills.

- Be a team player – get along with your teammates.
- Learn teamwork, sportsmanship and discipline.
- Be on time.
- Learn the rules and play by them. Always be a good sport.
- Respect your coach, your instructors, your teammates, your parents, opponents and officials.
- Never argue with an official’s decision.

***Spectator’s Code of Conduct***

- Display good sportsmanship. Always respect players, coaches and officials.
- Act appropriately; do not taunt or disturb other fans; enjoy the game together.
- Cheer good plays of all participants; avoid booing opponents.
- Cheer in a positive manner and encourage fair play; profanity and objectionable cheers or gestures are offensive.
- Help provide a safe and fun environment; throwing any items on the ice surface can cause injury to players and officials.
- Do not lean over or pound on the glass; the glass surrounding the ice surface is part of the playing area.
- Support the referees and coaches by trusting their judgment and integrity.
- Be responsible for your own safety – be alert to prevent accidents from flying pucks and other avoidable situations.
- Respect locker rooms as private areas for players, coaches and officials.
- Be supportive after the game – win or lose. Recognize good effort, teamwork and sportsmanship.

I understand and agree to respect and observe all these conditions of participation in LCAHA programs and events.

Participant Signature: \_\_\_\_\_

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

Participant’s Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Name (print): \_\_\_\_\_

## Handbook Acknowledgment

The undersigned acknowledge receipt of the LCAHA Policy and Procedures Handbook. We have read, understand and agree to observe and comply with the rules, regulations and policies set forth or referred to therein, as may be revised and/or amended from time to time. We understand that the rules, regulations and policies are subject to change without notice.

We acknowledge that violations of the LCAHA Policy and Procedures Handbook may result in disciplinary or other action.

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

The LCAHA Policies and Procedures Handbook is available on our website to view and download. Our website address is [www.LawrenceCountyHockey.com](http://www.LawrenceCountyHockey.com). If you do not have access to the internet, please request a copy of the Handbook to review prior to signing this acknowledgment.

Lawrence County Amateur Hockey Association

Commitment Form



Player Name: \_\_\_\_\_ (“Player”)

The player identified above (Player) has been offered placement on a Lawrence County Amateur Hockey Association (LCAHA) travel team for the 2012 - 2013 hockey season and has accepted said placement offer. Player’s commitment fee has been accepted, is now nonrefundable and will be applied to Player’s season dues for the upcoming season. Player and Player’s parents/legal guardian agree to pay and make all payments to LCAHA when due and to comply with all the rules and policies of LCAHA, USA Hockey, Middle American District of USA Hockey and Pittsburgh Amateur Hockey League (PAHL).

The undersigned understand, acknowledge and agree that in the event Player leaves LCAHA, we remain responsible for all sums determined to be due to LCAHA by the Treasurer based upon the payment schedule and policy regarding payment of season dues. Notwithstanding the foregoing, the commitment fee is nonrefundable.

Pursuant to PAHL Rules & Regulations, before Player is granted permission to leave LCAHA to play for another PAHL association, all of Player’s financial obligations must have been met with the LCAHA. We understand that until and unless all sums due from Player have been paid in full, LCAHA will not provide PAHL or any other association with any clearances for Player.

We have read, fully understand and agree to be bound by this commitment.

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

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_

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



# LCAHA Risk Acknowledgment & Liability Waiver

## (For Players Playing Up)



**Print Name of Participant:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I hereby acknowledge that I have requested that my child be permitted to participate at an age level that is one (1) year in age above USA Hockey's recommended guidelines.

I understand that the Lawrence County Amateur Hockey Association ("LCAHA") recommends that players play and compete in the age groupings defined by USA Hockey and stipulated in the USA Hockey Annual Guide appropriate for their birth year.

I understand and appreciate that the risk of injury may be greater and that the risk of injury from hockey is significant, including, but in no way limited to, the potential for permanent paralysis and death, and while particular rules, and personal discipline may reduce this risk, the risk of serious injury does exist.

By my child participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown. Further, I agree to indemnify and hold the LCAHA, the PAHL, USA Hockey, Inc., and the officers, volunteers, employees and agents of all three organizations harmless from any and all liability, loss, expense, attorney's fees, or claims for injury or damages arising as the result of my child playing above the appropriate age grouping as defined by USA Hockey.

I understand that the move of my child to the next age grouping is temporary and probationary and that LCAHA reserves the right to reverse its decision if it determines that my child is not capable of participating at the higher age level when his/her performance is observed in actual game situations by the coaches and/or coaching director.

I understand and agree to respect all these conditions of participation in LCAHA, PAHL and USA Hockey programs.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

**(THIS FORM ONLY TO BE COMPLETED IF PLAYER REQUESTS TO PLAY ABOVE THEIR AGE GROUP)**

# Registration & Membership Application Checklist



All Players - Please provide the following documents at the Skill Evaluation Sessions:

- Registration and Membership Application (**To be signed by a parent/legal guardian**)
- Consent to Treat/Medical History (**To be signed by a parent/legal guardian**)
- USA Hockey Participant Code of Conduct (**To be signed by player**)
- Authorization and Release (Photograph and Visual) (**To be signed by a parent/legal guardian**)
- LCAHA Codes of Conduct (**To be signed by Player AND by BOTH parents/legal guardian**)
- Handbook Acknowledgment (**To be signed by Player AND by BOTH parents/legal guardian**)
- USA Hockey Registration Number (**This must be obtained from USA Hockey**)
- Player's Birth Certificate
- Skills Evaluation Fee (Non-refundable)\* \$40 for Squirt & Pee Wee, \$25 for Mite & Bantam
- Commitment Fee of \$100\*
- Other \_\_\_\_\_

Mite players – You must also submit the following additional document:

- Commitment Form (**To be signed by Player AND by BOTH parents/legal guardian**)

Players requesting to play above their age group - (as established by USA Hockey) must submit the following additional documents:

- LCAHA Play Up Request Form (**To be signed by Player AND a parent/legal guardian**)
- LCAHA Risk Acknowledgment & Liability Waiver (**To be signed by Player AND a parent/legal guardian**)

\*All payments must be by check or money order made payable to "LCAHA"