



Niles Township Nighthawks Hockey Club

2011/2012 Registration Check List

Our policy is that no player will be allowed on the ice for practice without submitting the full packet of registration materials, including medical release forms and signed contracts and waivers.

____ Signed Niles Township Nighthawks Hockey Club Player Registration Form

____ Signed Niles Township Nighthawks Hockey Club Financial Contract

____ Signed Niles Township Nighthawks Hockey Club Code of Conduct (both player and parent signature required)

____ Signed Chicago Metropolitan High School Hockey League Participation form (***physician signature IS necessary on this form***). Provide two signed copies.



Niles Township Nighthawks Hockey Club

Player Evaluations Fall-Winter 2011-2012

USA Hockey # _____

Name _____ Phone-Home _____

Street _____ Phone-Cell _____

City _____ State _____ Zip Code _____ E-Mail _____

Current School _____ Grade _____ Date of Birth _____

Current Team _____ Position _____ Player Level _____

Player Requirements

Evaluations are open to all players who will be attending either Niles North, Niles West, or Ida Crown Jewish Academy High Schools for the 2011/2012 school year. All players must register and pay the USA Hockey membership fee online at www.usahockeyregistration.com. In order to attend evaluations, you must bring a printed copy of your **USA Hockey Membership (WITH BARCODE)**, **Proof of Health Insurance** (copy of insurance card), and **Evaluation Fee Payment** to the first session you attend or submit them with your registration.

Nighthawks Player Evaluation Fee \$250.00 Goalies \$125.00

(Fee will be applied to season fees upon registration)

Evaluation Schedule

Monday	Aug. 29th	9:10 PM	American Heartland
Thursday	Sept. 1st	9:00 PM	Winnetka Ice Arena

There will be a MANDATORY parents meeting held during the evaluation session on Thursday September 1st once the players take the ice to answer any questions you may have.

Parent or Guardian

Relationship _____

Name _____ Phone-Home _____

Street _____ Phone-Cell _____

City _____ State _____ Zip Code _____ E-Mail _____

Release and hold harmless agreement: Participants 18 years of age or older and parents of participants under the age of 18 should read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries and damages you might personally sustain which might arise out of this program. As a participant in this program (or as a parent of a minor participant), I recognize and acknowledge that there are certain risks of physical injury associated with such participation, and I agree to assume the full risk for any injury, damages, or loss that I may sustain as a result of participating (or of my minor child's participation) in such a program as against the Niles Township Nighthawks Hockey Club, it's officers, agents, servants, and employees, from any and all claims from injuries, damages, or loss which I may have or which may accrue to me on account of my participation (or of my minor child's participation), in the program. I further agree to indemnify, hold harmless, and defend the Niles Township Nighthawks Hockey Club, it's officers, agents, servants, and employees, from any and all claims resulting from damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program (or of my minor child's participation in the activities of the program). I have read and fully understand this Release and Hold Harmless Agreement and any program details provided to me. It is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same effect as the original form.

Participants Signature & Date _____

Parent/Guardian Signature (if participant is under 18)/Date _____



Niles Township Nighthawks Hockey Club

Financial Contract 2011-2012 Season

Dues & Fees: For and in consideration of the enrollment of the below named minor as a player in the Niles Township Nighthawks Hockey Club (the 'Club') for the **2011 - 2012** season, the Financially Responsible Party (the 'FRP') agrees to pay dues and fees to the club.

Player Name: _____

Payments: Payments must be made by check payable to the "Niles Township Nighthawks Hockey Club". All payments must be paid in full at the time of registration. This means that post dated checks will be left with the Club for subsequent deposits. The checks should be made out for the amounts and with the dates listed below. The amounts include the membership dues (\$3,500 for skaters / \$2,000 for goalies), and the equipment fee (\$325 for new players only).

NOTE: Payments can also be made with VISA or MASTERCARD. Inquire for details.

Payment Number	1	2	3	4	Total
Post date on checks	Sept 10, 2011	Oct 15, 2011	Nov 15, 2011	Dec 15, 2011	
	\$875.00 (plus \$325.00 equipment fee)	\$875.00	\$875.00	\$875.00	\$3,500.00

Credits: Once a player commits to the team by signing the official roster, no refunds are given unless there is a significant illness or injury that prevents a player from participating for more than 30 days.

Injury Credit: In case a player is injured while participating in the Club's program event and if said player is unable to participate for more than 30 days, the Club will provide a credit against dues and fees of \$6 per day from the date the player is injured until the player returns or February 28, 2011, which ever comes first. The maximum injury credit may not exceed \$500 per player per season. The FRP must complete an injury report within one week of the injury to be eligible for this credit.

Niles Township Nighthawks Hockey Club

Financial Contract

2011-2012 Season

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Name of Person Financially Responsible for Skater's fees

I accept financial responsibility for the dues and fees for the player listed above. If fees are not kept current I understand that the player may be suspended from all Niles Township Nighthawks Hockey Club activities until such times the fees are brought current. I understand that once the player listed above signs the official roster, no credits or refunds are given except with respect to the injury/illness credit explained in this participation contract. I understand that if the fees remain unpaid, the Niles Township Nighthawks Hockey Club may petition AHAI to invoke additional disciplinary action which may include a full suspension from other AHAI sponsored activities.

**Signature of Financially
Responsible Party**

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 ____ / ____ / ____



Niles Township Nighthawks Hockey Club

Code of Conduct for participation in Nighthawks Hockey

A student-athlete participating in the Nighthawks Hockey Program will be subject to disciplinary action if they violate the Code of Conduct for participation in Nighthawks Hockey. Violations will be treated cumulatively, with disciplinary penalties increasing with subsequent violations.

The students shall not:

- a. use a beverage containing alcohol (except for religious purposes)
- b. use tobacco in any form
- c. use, possess, buy, sell, barter or distribute any illegal substance or paraphernalia
- d. use, possess, buy, sell, barter or distribute any object that is or could be considered a weapon (except for the legal use of weapons for sport such as archery, martial arts practice, target shooting, hunting and skeet)
- e. attend a party or other gathering where alcohol and/or controlled substances are being consumed by minors
- f. ride in a vehicle where alcohol and/or controlled substances are being consumed by minors
- g. vandalize or steal
- h. haze other students
- i. falsify any information on any document required by the Nighthawks Hockey Club
- j. behave in a manner which is detrimental to the good of the Nighthawks Hockey Club

Due Process Procedures

1. The student-athlete will be advised of the disciplinary infraction and the action to be taken by the Academic Liaison.
2. The student-athlete will be allowed to respond to charges.
3. Sanctions for violations, other than drug or alcohol offenses, will be based on the nature and the severity of the offense, any previous offenses. Determination of the action taken will be made by the Board of the Nighthawks Hockey Club.
Sanctions may include but are not limited to:
 - a. suspension from team activities for 1 week
 - b. suspension from team activities for 2 weeks

- c. suspension from team activities for 1 month
 - d. suspension from team activities for the rest of the season
 - e. suspension from team activities for the rest of the student-athlete's high school career
4. Sanctions for drug or alcohol offenses will be as follows:
- First Violation -- suspension from team activities for one-third of the season
- Second Violation -- suspension from team activities for the rest of the season and must complete a drug or alcohol abuse program that is approved by the Board of the Nighthawks Hockey Club before the student-athlete returns for the next season
- Third Violation -- suspension from team activities for one calendar year and must complete a drug or alcohol abuse program that is approved by the Board of the Nighthawks Hockey Club before the student-athlete returns for the next season
- Fourth Violation -- suspension from team activities for the rest of the student-athlete's high school career
5. Suspensions will begin immediately.



Niles Township Nighthawks Hockey Club

Eligibility Statement for participation in Nighthawks Hockey

The academic requirement for a student-athlete to participate in the Nighthawks Hockey Program will be to have a cumulative grade point average of 2.0 at all times and be passing all classes. Grades will be sent to Academic Liaison for Nighthawks on Thursday from the Athletic Directors Office at Niles North and Niles West.

If a student-athlete is not passing (D or higher) all classes with a 2.0 GPA they are ineligible for the following week (Sunday to Saturday). The Academic Liaison will contact the student-athlete and the coach.

Grades are based on the report given to the Academic Liaison. Potential changes or updates in a student-athlete's grade need to be reported to the Academic Liaison from the teacher(s) of the class(es). Upon receiving the grade change, the student-athlete and coach will be contacted to notify them that the student athlete is eligible.

Students receiving D's or F's will be required to receive academic assistance at the school's resource center (Niles North – The Point; Niles West – the Literacy Center) for one week for each class a D or F was received. Even if the student remains eligible (ie 2.0 GPA but 1 D), the student-athlete must receive tutoring to remain eligible. Students-athletes may not skip classes to attend tutoring sessions must schedule appointment during study halls or other free time in the student-athlete's schedule. The Academic Liaison will need to receive an email from the Literacy Center after the tutoring session. Failure to do so will cause the student athlete to be suspended for one period for the first missed session, suspension for game for the second missed session, and for one week (Sunday to Saturday) for the third missed session. The Academic Liaison will contact the student-athlete and coach to notify them of the disciplinary action for the student-athlete's.



Niles Township Nighthawks Hockey Club

I have read and understood the Academic Eligibility Requirements and Code of Conduct for participation in the Nighthawks Hockey Program. I know that if I fail to meet these expectations that the consequences described will be followed.

Student-athlete's Signature

Print Name

I have read and understood the Academic Eligibility Requirements and Code of Conduct for participation in the Nighthawks Hockey Program. I know that if my child fails to meet these expectations that the consequences described will be followed.

Parent's Signature

Nighthawks Representative