



2014-2015 Carolina Lightning Hockey
Player Information Sheet

Boys

- U8
- Squirt
- PeeWee
- Bantam
- U16

Girls

- U10
- U12
- U14
- U19

Player Name _____

Date of Birth _____ Verified (Lightning info only)

Address _____

Contact Information:

Parent _____

Parent _____

Phone # _____

Phone _____

Email _____

Email _____

Home Phone: _____

Current USA Hockey # _____

Concussion Baseline Established? Yes No Year (if yes) _____

Concussion(s) Suffered? Year: _____ How Many? _____

(Lightning Use Only- Please do not check off)

Please bring this sheet and the following documents to evaluations for registration:

- Code of Conduct Agreement
- Consent to Treat
- Youth Protection Policy – Parent and Participant Notice
- Copy of Birth Certificate

CAROLINA LIGHTNING HOCKEY
2014-2015 PLAYER-PARENT
CODE OF CONDUCT AGREEMENT

Carolina Lightning Hockey is about our kids. Our mission as a youth hockey organization is for all those who participate in our programs to enjoy their hockey experience. Carolina Lightning Hockey will be competitive and fair, will provide the best environment possible with great on-ice skill development instruction and off-ice support to assist each player in realizing his/her future potential as an athlete and as a young person, and we will have fun.

This AGREEMENT, between PLAYER _____, born on _____, and PARENT(S) and/or legal guardian, _____ residing at _____, and CAROLINA LIGHTNING HOCKEY (referred to as "CLH", a legally registered 501c3 non-profit youth hockey organization) is for the 2014-2015 hockey season, 01SEP14 through 31AUG15.

It is understood that all parties are mutually committed and bound by this Agreement, and that signing this Agreement was done in good faith and in full understanding of the expectations of all parties.

CLH's Grievance Application/Disciplinary Hearing Procedures are made part of this Agreement.

PLAYER

1. **PLAYER** agrees to attend all team practices, games, off-ice training (as may be provided), and organized team events except when prevented from doing so for educational and/or medical reasons, in which case, the **PLAYER** will contact his/her respective coach(es) prior, and as far in advance to their absence. **CLH** acknowledges that such permission will be granted for all reasonable requests.
2. **PLAYER** agrees that he/she will maintain his/her academic and educational course work at the highest level possible. If they do not, he/she will not be permitted to continue practicing/playing with **CLH** until such time as their grades have returned to a level acceptable to his/her parents to re-join their team.

3. **PLAYER** agrees to display good sportsmanship both on and off the ice and in and out of the rinks at all times, and that he/she will maintain good citizenship and behavior at all CLH events as well as in his/her everyday life, recognizing that his/her behavior is a direct reflection upon the CLH organization.
4. **PLAYER** understands and agrees that the use of vulgar/profane language, racial/ethnic/gender-related slurs toward anyone including teammates, coaches, officials, opponents and/or spectators will not be tolerated, and if used will be subject to immediate disciplinary action and possible dismissal from his/her team and future participation with CLH.
5. **PLAYER** agrees that alcohol, tobacco, legally banned substances and other related drugs, have absolutely no place in hockey, and the use of any of these items will result in the Player being subject to immediate disciplinary action and possible dismissal from his/her team and future participation with CLH.
6. **PLAYER** understands and recognizes that there is no place for violent or overly aggressive play in hockey where the obvious intent is to injure or harm another player including butt ending, kicking, spearing, head butting, exaggerated slashing, etc. and agrees not to participate in such conduct. In addition, obscene gestures, spitting, attempting to injure threatening an official and/or physical abuse of an official will not be tolerated. If player displays this type of behavior, he/she will be subject to immediate disciplinary action and possible dismissal from his/her team and future participation with CLH.
7. **PLAYER** agrees to abide by all the rules and regulations Of USA Hockey, the Carolina Amateur Hockey Association (CAHA), the Carolinas Hockey League (CHL), and CLH.



USA HOCKEY PLAYER CODE OF CONDUCT

- A. No swearing or abusive/profane language on the bench, in the rink, or at any team function.
- B. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
- C. Anyone who receives a penalty will skate directly to the penalty box.

- D. Fighting will not be tolerated under any circumstances. Fighting will result in an immediate appearance before a Discipline Committee(s).
- E. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
- F. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc.) during all team functions.
- G. Any player who cannot abide by these rules or violates them will be subject to further disciplinary action.

PARENT(S)

1. PARENT(S) agrees to respect and show appreciation for all volunteers who give their time and efforts to the game of hockey. PARENT(S) further agree not to yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any CLH game, practice, event/function, etc. Failure to respect and abide by this rule will/may lead to disciplinary action and/or immediate dismissal from the event/organization.
2. PARENT(S) agrees to be responsible for the financial commitment made in this Agreement (including the CLH season program fee and USA Hockey Registration fee), even in the event that Player's playing privileges are suspended and/or dismissed for any reason, including but not limited to disciplinary or academic issues, injury or illness.
3. PARENT(S) understands that if Player resigns or otherwise voluntarily terminates his/her participation for any reason with CLH, then PARENT(S) is not entitled to a refund and is still responsible for paying any remaining balance owed to CLH.
4. PARENT(S) understands that Player is responsible for fines or costs assessed for damage to facilities, locker rooms, etc., used in conjunction with CLH's practices, games or other team events which are caused by the above named Player.
5. PARENT(S) agrees to abide by all the rules and regulations of USA Hockey, the Carolina Amateur Hockey Association (CAHA), the Carolinas Hockey League (CHL) and Carolina Lightning Hockey.

PARENT & SPECTATORS CODE OF CONDUCT

- A. Kids are involved in organized sports for their enjoyment. Make it fun.
- B. Encourage your son/daughter to play by the rules. Remember, kids learn best by example, so applaud the good play and effort of both teams in victory and defeat.
- C. Do not yell at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your son/daughter will benefit.
- D. Emphasize skill development and practices and the benefits for your young athlete.
- E. Know and study the rules of the game and support the officials on and off the ice. Criticism of officials only hurts the game.
- F. Recognize the importance of coaches. They are extremely important to the development of your son/daughter and the great sport of hockey. Communicate with them and support them.
- G. The period immediately following a game can be a very emotional time for players, coaches and parents. IF you wish to voice a concern/complaint to a coach about a particular player, game and/or situation/issue, please contact Don Schaap, President of Carolina Lightning Hockey immediately. Issues with the coach(es) will not be addressed for at least 24 hours after that game.

Player and Parent(s) agree to sign a USA Hockey Consent-to-Treat form.

All Carolina Lightning Hockey teams will participate in the Carolinas Hockey League (CHL) at the appropriate skill level in order to be competitive (win and lose), providing that there are a sufficient number of teams of the same caliber skill level to play within this league.

We agree to the terms of this Agreement, acknowledge that we have read and understand it, and agree to abide by the rules and regulations set forth herein.

PLAYER

DATE

PARENT(S)

DATE



USA Hockey

Consent To Treat/Medical History Form



This is to certify that on this date, _____, as parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ Date: _____

Excess accident insurance up to \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

MEDICAL HISTORY

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

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

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

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

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

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



YOUTH PROTECTION POLICY - PARENT & PARTICIPANT NOTICE

1. PURPOSE

The purpose of this communication is to express to all participants and parents the commitment of the Carolina Lightning Hockey ("Lightning") organization to preserving the safety and well-being of youth participating in programs offered by the Lightning.

The Board of Directors of Carolina Lightning Hockey has formally adopted the following policy to preserve the safety and well-being of youth participating in programs offered by the Lightning, as well as to give guidance and protection to our employees and volunteers who work with our youth.

2. YOUTH PROTECTION POLICY

Carolina Lightning Hockey will not tolerate any form of sexual abuse, physical abuse or other abuse of any kind of youth in any and all Lightning programs. This policy affirms our commitment to provide a safe place for youth and condemns clearly any instance of sexual or other abuse of youth by our employees and/or volunteers.

All employees and/or volunteers are responsible for helping assure that we avoid actual or perceived instances of inappropriate conduct, sexual abuse or other abuse in Lightning programs and otherwise. In order to avoid the potential for actual or perceived instances of inappropriate conduct, sexual abuse or other abuse of youth in Lightning youth programs, employees and/or volunteers who work with or around youth:

- shall not put himself/herself in a one-on-one situation involving a youth who is not their own.
- shall not provide unwarranted gifts, trips, attention and/or affection to an individual youth who is not their own.
- shall adhere in all respects to the applicable standards set forth by USA Hockey.

It is also the policy of the Lightning that no Lightning employee and/or volunteer shall be permitted to work with youth if they have demonstrated conduct incompatible with service to, or care of, children or youth. As such, all employees and/or volunteers whose duties may include working with or around youth must, in addition to any other background checks required by the Lightning and/or USA Hockey, and complete the Lightning affirmation and authorization form (available upon request).

3. RESPONSIBILITIES OF PARENTS AND PARTICIPANTS

Parents and participants in Lightning programs are an integral part of the effectiveness of this policy. Any parent, participant, employee and/or volunteer(s) who become aware of any concern, complaint or problem of this sort must immediately report it to a member of the Board of Directors of Carolina Lightning Hockey.

The Lightning will investigate thoroughly and promptly all claims of inappropriate conduct, sexual abuse or other abuse, without reprisal to the person reporting the conduct, so long as the report is made in good faith and the information provided is truthful to the best of your knowledge.

Carolina Lightning Hockey will endeavor to keep complaints, investigations and resolutions confidential to the fullest extent possible, however the Lightning cannot and will not compromise our obligation to investigate complaints or our obligation to report instances of inappropriate conduct, sexual abuse or other abuse to the appropriate enforcement authorities.

I acknowledge receipt of the foregoing policy.

Print Name of Participant

Signature of Parent or Guardian of Participant

Date: _____

Print Name of Parent or Guardian
