



Hilliard Southwest Hockey Club

Player Information

Season _____



Player Information

First Name	_____	Last Name	_____	Birth Date	_____				
High School	_____	Grad Year	_____	Height	_____				
Last Team	_____	Yrs Experience	_____	Weight	_____				
Cell #	_____	Email	_____						
USAH #	_____	Jersey Size	M	L	XL	XXL	Goal	Desired #	_____
Position	Wing	Center	Defense	Goal	Shoots	L	R		

Parent Information

Player Resides With: Both Father Mother Other

<u>FATHER</u>	First & Last Name	_____			
	Street Address	_____			
	City, State, Zip	_____			
	Cell #	_____	Email	_____	
<u>MOTHER</u>	First & Last Name	_____			
	Street Address	_____			
	City, State, Zip	_____			
	Cell #	_____	Email	_____	

Please add any additional information you would like to provide.



Club Core Values & Code of Conduct



- We believe in playing hard but playing fair. Hockey by its nature is a physically tough game; it shall be played with maximum effort in a sportsmanlike manner always within the rules.
- Winning is desirable, but, winning at any cost defeats the purpose of the game. Club hockey provides a wonderful athletic & social experience for players & families to carry throughout their lives. We believe that Club Hockey should strike a balance of hard work & fun.
- Players play more confidently & successfully when they show respect for each other. We believe that good effort, teamwork, and sportsmanship should be recognized & rewarded. We believe that players should
- In being good fans. We understand that while it's easy to get caught up in the emotion of the game. We will always demonstrate the highest levels of sportsmanship from the stands, on the bench, in the locker room & at all team functions. We believe spectators should provide only positive encouragement for the players, coaches & referees. We will not direct derogatory comments at any player, coach, opponent, or referee.
- Parents must observe a "24 hour rule" before approaching a coach or board member with any concerns or disagreements with coaching decisions. We also believe in our players communicating with our coaches instead of the parents.
- Each player must earn the amount of time they receive on the ice by practicing, playing hard & following team rules. We pride ourselves on our teams' competitiveness.
- Our coaching staff shall lead by example & adhere to all respects of these core values. We expect our coaching staff to evaluate players in an impartial and objective way based solely on an evaluation of technical skills, play, leadership, sportsmanship, effort, and the adherence to these core values.
- We will not allow our players to use any performance-enhancing or illegal drugs, alcohol, or tobacco products.
- All board members & officers should make decisions based on the best interests of the club as a whole & should encourage participation by all parents, coaches & players.
- Club members will conduct themselves in a controlled manner while representing Hilliard High School Hockey Club during team functions both on & off the ice. Team functions include games, practices, team meetings, trips, locker rooms, hotels, team benches, on ice, or any other location of a team function.
- The executive board of HSHC has the right to revoke privileges from any player or club member if any of the above values are not being met. The sanctions include, but are not limited to, suspending a player from practices and/or games, and having club members removed from sporting venues. If incidents continue, the player's privileges and team status may be completely revoked.
- The success today and tomorrow of the HSHC will be directly related to the involvement of its membership to sustain and improve the club through the donation of their time & skills.

Player's Name (print) _____

Player's Signature _____

Date _____

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____

Coach's Signature

Date



Permission to Participate, Waiver of Liability & Consent for Emergency Medical Treatment



As the parent(s) and/or legal guardian(s) of _____ (player name), I/we are authorized to sign this permission, waiver of liability and consent to emergency medical treatment form.

- **Permission to Participate:** I/we permit our player, named above, to participate in all Hilliard High School Hockey Club (HSHSC) activities. This Includes, but is not limited to, practices, games and travel whether parents, volunteers or HSHSC handles transportation.
- **Waiver of Liability:** I/we understand, acknowledge and agree as follows:
 - 1 That hockey is a sport that involves physical contact, and that my/our child may be injured, perhaps seriously, while playing hockey for HSHSC.
 - 2 I/we agree not to hold HSHSC (including its agents, coaches or volunteers) responsible for anything that occurs either in transit or at any game or destination (including practices, clinics, social gatherings, training sessions, parent meetings, etc.) and waive my/our rights to assert liability against (including its agents, coaches or volunteers) in regard to any injury our player may suffer in relation to participation in HSHSC sponsored activities.
 - 3 I/we agree to make no claims against HSHSC (including its agents, coaches or volunteers). Nor will I/we make any claims against automotive or other insurance companies which may cover operation of any vehicles or other activities HSHSC may undertake in relation to any game or practice.
 - 4 I/we agree to hold HSHSC (including its agents, coaches or volunteers) harmless, and to indemnify HSHSC (including its agents, coaches or volunteers) for any action against them in regard to injury to our player while participating in HSHSC sponsored activities.
 - 5 I/we agree that HSHSC is not the guarantor, nor is responsible in any way for the behavior or actions of any player, including any and all property damage, personal injury, unlawful activities, or difficulties arising out of any/all social liaisons. This includes any invitees, guests or trespassers who may for any reason be in or near any playing or practice facilities.
 - 6 I/we agree that if one provision of this waiver of liability is held to be invalid, that the other provisions shall still remain valid.
- **Consent for Emergency Medical Treatment:** I/we authorize any HSHSC representative or designee to act in our stead to consent to emergency medical treatment for our player in the event we are not present or are otherwise unable to give consent at the time of injury. I/we understand that it is our obligation and we agree to accept responsibility for the costs of such treatment - HSHSC bears no responsibility for the costs of emergency medical care for our player. If my/our player carries health insurance, I/we understand that it is our obligation and responsibility to ensure that he/she has proof of coverage.

Parent Signature _____

Date _____

Parent Signature _____

Date _____

Player Signature _____

Date _____