

## Wakefield Youth Hockey 2008 – 2009

Registration Instructions: Unless a signature is requested - **PRINT** all required information !!!

1.) Review the attached **2 forms**:

- USA Hockey Consent to Treat / Medical History form
- WYSA shirt / sock information.

**Please have your player print or sign the form along with you.** Do not sign and date with the comment "same as last year" or "see last year's". Make note of any special health conditions: asthma, diabetes, ADHD, food allergies, prior injuries, etc. that should be known by the coaching staff.

2.) Make a **check** out to "WYSA" for \$150.00/ player or \$300/family (\$100 each for a 3 player family)  
*All tryout fees are applied to the 08-09 tuition.*

3.) Returning player registration / form drop-off dates:

- Monday, February 11th between 6:00 - 8:00 PM, and
- Monday, February 24<sup>th</sup> between 6:00 PM - 8:00 PM at the Americal Civic Center.
- **NEW players** will be held at Hockeytown, Rt. 1 S on Sunday, March 2nd between 12:30 PM – 2:00 PM.

4.) Tryout process – Tryouts will be held the **last 2 weeks of March** using a modified evaluation system: 40 max points\*\* for tryouts – 10 for skating skills, 10 for puck skills, 20 for scrimmage play\*\*  
*\*\*Scrimmage play will be 30 points in the PeeWees and 50 points in the Bantams.*  
The evaluation process will place the first 9 players and Head coaches may\* pick the balance of the team including goaltenders, regardless of age level and team size. (\*providing games have been watched and they want the picks)

### **Checking Clinic for Squirts moving to PeeWees and 2<sup>nd</sup> yr PeeWees.**

All 08-09 registered players born in 1996 and 1997 invited to attend a free checking clinic run by the Tier I Hockey on Thursday, March 6<sup>th</sup> and March 13<sup>th</sup> at the Flynn MDC rink in Medford.  
Players born in 1997 must attend at 7:00 PM while those born in 1996 must attend at 8:00 PM.

### **Note:**

- 1.) The Board will work around conflicts as we become aware of them.
- 2.) All current year Instructional Mite players MUST attend the 1<sup>st</sup> Instructional Mite tryout. The Mite level coaches / Director will identify players to move up to the Mite level tryouts prior to March 24th. No exceptions.
- 3.) As in the past, if a player registers and drops out prior to attending any Wakefield tryouts the registration fee is *fully refundable*.
- 4.) Any 2<sup>nd</sup> year players – DOB's = '00s, '98s, '96s, and '94s that are willing to play up a division on the lowest team – please check off the box on the attached form. To balance the teams / divisions we may need to move players up an age division (a '98 squirt playing in PeeWees, a '96 Peewee playing in Bantams, or a '94 Bantam playing in Midgets)

### **Post tryouts:**

- 1.) Team placement will be mailed after April 19<sup>th</sup> along with the financial contract and payment schedule.
- 2.) Review & sign the season financial contract, which *includes required fundraising support*, along with the first tuition payment due by May 5<sup>th</sup>.

# Wakefield Youth Hockey 2008 – 2009

## Policies

- Evaluators** – regardless of # of teams / skaters - minimum of 3 evaluators per division – cannot be from the same 07-08 team – cannot evaluate their own child – their child’s score will be the average of other scores  
- evaluators can’t discuss ratings at all, must stay apart during tryouts, and rating sheets turned in to director immediately after tryout  
- Maximum of 4 evaluators, Board must approve all evaluators and may add a 4<sup>th</sup> or 5<sup>th</sup> evaluator as an independent evaluator
- Placement of players:** - Determined by ratings (in case of a tie – 2<sup>nd</sup> yr. player gets the slot) and head coaches’ picks.  
- Goalies can be evaluated by an outside evaluator (if deemed necessary by the lead coach, director, etc.) – evaluator’s *recommendation* to be given to the coaches within that division. Final decision will be made by the head coach. In the case of single goalie on a team during the current season does not guarantee only 1 goalie on that team for following season.  
– There will be no downward movement for the 08-09 tryouts within an age division. This means that if a player is on the “2” team in a 2 team division (lowest team) and ends up on the “3” team (lowest team) of a 3 team division the player has not been moved down. At all times, the safety and self-esteem of a child will be of primary concern. If there are any issues, parents will be contacted prior to placements being announced.  
– If 2<sup>nd</sup> yr. players are needed to fill an older division they will play on the lowest level team in that division
- Attendance** – Tryouts cannot be missed for Tournaments or other hockey tryouts (EHF, Metro, CDL, other towns, etc.)  
- *Unexcused absence:* 0 points for any missed tryout(s)  
- *Excused absence:* Must notify the Board, in writing, of any planned vacations, other commitments, or injuries at registration  
- *Medical absence:* Must provide a Doctor’s note to the Director of that division within 5 days of missed tryout(s)  
- *Emergency absence:* Any missed tryouts for any other reason will be dealt with on a case by case basis. A written note must be provided to the Board within 5 days explaining the emergency.  
- *Missed tryouts because of relocation:* Player will be placed at the lowest level team for the first practice and be evaluated. The player may be moved to the next higher team to practice and play at no more than 3 games. At that point, the new skater or another player may be moved to the next higher team for the remainder of the season. The rosters will be considered “open” for players moving into Wakefield, after tryouts, unless there are more than 14 skaters and 2 goalies on any team.  
– *Missed tryout:* If a player that had an opportunity to tryout for WYSA and chose not to, then wants to be added to the program after the tryouts will be charged a \$150 late fee that is not part of the tuition. That player will then be placed on the lowest level team for the 1<sup>st</sup> practice and be evaluated. Upward movement will depend on openings on upper rosters. If there are no open slots the player will be considered an alternate at the lowest level team. Upward movement is limited to the “B” or “2” team level.

*In the case of an “excused” absence, the player MAY be placed on the team agreed to by the current evaluators, current head coach, Director and approved by the Board. In all cases the Board will make every effort to treat a child fairly. If a child is a “bubble” player, they may be placed on the lower level team for the first 3 weeks of the new season. The upper team head coach must add the most qualified player to the team at the end of the 3<sup>rd</sup> week of the 08-09 season.*

- Teams** – teams will be considered filled / frozen after tryouts (unless a division is directly effected by the “excused” absences)  
– any dropouts after tryouts and prior to the first payment being due will be filled from the evaluation system.  
– after the first payment is due and a child drops out, the head coach must submit a player’s name for Board approval within 1 week or the next player on the evaluation rating sheet will be added to the team.
- Registration fee** - \$150 per child or \$300 maximum per family. Non-refundable. In the case of 3 or more children, the \$300 fee will be divided equally between the children as a \$100 per child non-refundable charge.
- Payments** – All bills must be paid per the financial contract (including fundraising portion). Any requested change to the financial contract must be submitted, in writing, to, and approved by the Board of Director’s prior to the first payment being due. **IF payments are late**, including those with requested payment plans, the skaters involved (prior to the start of the season) will be removed from their current team and placed on lowest level team **IF payment is not received within 5 days of 1<sup>st</sup> payment date**, the head coach must pick a replacement player from the team below. **IF payments are late during the season**, player must sit for 1 game and 1 practice for every 5 days payment is late; after 5 days, the player is suspended for a minimum of 1 month regardless of when payment is received. Why this policy? All the members of the Board are unpaid volunteers who do not want to chase people or get into battles over collecting money for a sport that a parent or guardian freely signed their child up to participate in. The simple, common courtesy, of a phone call, or a note will eliminate a majority of the issues. The Board will make every effort to work with any kind of situation / issue regarding tuition payments. Raffle tickets, however, can be sold by parents / guardians / or players in a supervised fashion, and cannot modified or delayed.

**Wakefield Youth Hockey 2008 – 2009**

**Player Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Midget**      **Bantam**      **Pee Wee**      **Squirt**      **Mite**  
 July 1990 thru 1993      1994 and 1995      1996 and 1997      1998 & 1999      2000 and younger

**Willing to play up an age division to bottom team of older level ? (Circle one) NO YES**

'00 Mite to Squirts    '98 Squirt to Peewees    '96 Peewee to Bantams    '94 Bantam to Midgets  
*This does not commit your player or the association to a move- registration level will determine if movement is needed*

**07-0/8Team** \_\_\_\_\_ **Jersey Number** \_\_\_\_\_ **Jersey Size** \_\_\_\_\_ **Size for 08-09** \_\_\_\_\_

**Player Sock Size (Circle one):**    X-Small (20")      Child (24")      Youth (26")      Adult (30")

**Jersey Size (Circle one)**

<b>Youth :</b>	Small	Medium	Large	X-Large	
Chest" (guide)	34	36	38	40	
Waist" (guide)	23	25	27	29	
<b>Adult:</b>	Small	Medium	Large	X-Large	XX-Large
Chest" (guide)	34-36	38-40	42-44	46-48	46-48
Waist" (guide)	28-30	32-34	36-38	40-42	44-46

**NOT REQUIRED**

**Goaltender Sweatpant Size (Circle one):**

**Youth:**      Small      Medium      Large      X-Large  
**Adult:**      Small      Medium      Large      X-Large      XX-Large

**Goaltenders: Jersey Size (Circle one)**

Goalie Youth.	Small	Medium	Large	X-Large	
Goalie Adult.	Small	Medium	Large	X-Large	XX-Large

**NOT REQUIRED**

**Goaltender Shirt Number preference:** (Choose 3 numbers- we will try to accommodate)

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_ Choice #3 \_\_\_\_\_

## **Instructional Mites (1<sup>st</sup> time Mite players)**

**Jersey Size (Circle one)**

**Youth:**      Small / Medium      Large / X-large  
 Chest" (guide)      24-30      30-36"  
 Youth Size (guide)      10-12      14 - 20

**Adult:**      Small      Medium      Large      X-Large      XX-Large  
 Chest" (guide)      34-36      38-40"      42-44"      46-48"      50-52"

**Sock Size(Circle one):**    XSmall (20")      Child (24")      Youth (26")      Adult (30")

**Wakefield Youth Hockey 2008 – 2009**  
**USA Hockey Consent to Treat / Medical History Form**

This is to certify on this date, I \_\_\_\_\_, as a 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:

Name of Insurance Company: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Parent / Guardian)

Athlete's Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other phone \_\_\_\_\_ Athlete's Birth 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 call Winnie Tharp, Marsh USA, Inc. (317) 261-9306 To file an excess accident claim call K&K, 800-237-2917, ext 5623*

**Who to Contact in Case of Emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (s): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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

Please complete the following:

(If the answer to the following questions IS or WAS "Yes", please describe the problem and its implications for proper first aid treatment on the back of this form) Has the player ever had (or is the player presently having) any of the following?

<u>Injury / Condition / Issues</u>	<u>Circle response</u>	<u>Injury / Condition / Issues</u>	<u>Circle</u>
Head Injury (Concussion, Skull fracture)	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
Shoulder	Yes No	Arm	Yes No
Elbow	Yes No	Fingers	Yes No
Knee	Yes No	Ankle	Yes No
Allergies (Penicillin, Milk, Eggs, etc.)	Yes No	Other _____	Yes No
<i>Specify (if yes):</i> _____			
Poor Vision	Yes No	Poor Hearing	Yes No
Wearing Contacts / Glasses	Yes No	Wearing Hearing Aids	Yes No

Have the player had a recent Tetanus booster? If so, when? \_\_\_\_\_

Is the player currently taking any medications? What, Why \_\_\_\_\_

Has a doctor placed any restrictions on the player's activities? Explain \_\_\_\_\_

Any other medical / physical / mental background information required in case of emergency? \_\_\_\_\_

Signature: \_\_\_\_\_  
 (Athlete)

Signature: \_\_\_\_\_  
 (Parent / Guardian)