



Kenosha Blue Line Hockey Program Descriptions 2009-2010

Age Classifications

<u>Level</u>	<u>Birth Year</u>
Mite	2001 - 2002
Squirt	1999 – 2000
U-14 Girls	14 yrs. old and younger this calendar year
Pee Wee	1997 – 1998
U-19 Girls	19 yrs. old and younger this calendar year
Bantam	1995 – 1996
High School / JV High	school age and attending H.S.

<u>Team</u>	<u>Fees*</u>	<u>Practices***</u>	<u>Games****</u>	<u>Skills/Power Skating</u>	<u>Off-Ice Training</u>
Development	\$370	1/week	1/week cross ice	No	No
Mite A	\$1258	2/week	24	Yes	No
Squirt A/B	\$1388	2/week	24	Yes	No
Squirt C	\$1268	2/week	24	Yes	No
PeeWeeA/B	\$1545	2/week	28	Yes	No
Bantam A	\$1916	2/week	28	Yes	Yes
Bantam B/C	\$1877	2/week	28	Yes	Yes
JV	\$2077	2/week	30	Yes	Yes
Varsity	\$2116	2/week	30	Yes	Yes
Girls	\$1871	2/week	28	Yes	No

***Note: A \$500 Late Registration Penalty will be assessed after June 14, 2009. The only exceptions to this charge are 1) skaters who have never skated with the Komets in the past; 2) players registering for the Development (“Devo”) Program.**

*Fees are subject to changed based on material impact to ice fees, ice time or teams

***Length of practice time generally increases as level of play increases

****Tournaments & games can be added based on team decisions, these are at the team’s expense and all families pay their share of expanses even if their son or daughter doesn’t participate.

Coaches for the 2009-2010 Season

Hotel rooms for all coaches who are non-parents are required to be paid by the team for each tournament.

Mite -	Brian Daavetilla, Scott Johnson
Squirt -	Andy Torola
Pee Wee -	Lance Alfaro
Bantam –	JR Litkey
HS JV -	Jason Myers
HS Varsity -	Kevin Muller
Girls	Don Erdall

*** Coaches are tentative and subject to change**

**KENOSHA BLUE LINE HOCKEY CLUB
REGISTRATION FORM**

Player's Name _____ Birth Date ____/____/____ Grade this Fall _____ Male/Female
Last First MI Circle

Sign up for: _____ Travel _____ Girls _____ Devo _____
Level Played Last Season _____

School Attending in Fall _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Address #1 _____ Address #2 _____

City State Zip City State Zip

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

E-mail Address _____ E-mail Address _____

All players must have a credit in their account at registration –\$300.00. Make checks payable to Kenosha Blue Line Hockey Club. Master Card and Visa will be accepted.

All players must submit a \$100.00 post dated check (12/31/09) which will be cashed if a full page ad is not sold for the 2009-2010 KBLHC ad book (For more details, refer to handout referencing Fundraising Details).

All families will be billed \$100.00 on their November statement for the Reverse Raffle fundraiser (For more details, refer to handout referencing Fundraising Details).

Registration Use Only

Registration/Payment _____
USA Consent to Treat _____
USA Waiver of Liability _____
Blue Line Letter of Release _____
Medical Information Form _____
\$100 Ad Sale Deposit _____
Proof of USA Hockey Registration _____
Player Code of Conduct _____
Parent Code of Conduct _____

**KENOSHA BLUE LINE HOCKEY CLUB
MEDICAL INFORMATION FORM
2009-2010 Season**

*****REQUIRED DATA*****

Player's Name	Birth Date	Grade this Fall	Male/Female
_____	____/____/____	_____	(circle)
Last First	MI		

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City State Zip

City State Zip

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail Address: _____

E-mail Address: _____

EMERGENCY INFORMATION

Contact Person: _____

Phone _____

Physician Name: _____

Phone _____

Dentist Name: _____

Phone _____

Insurance Carrier: _____

Policy # _____

I HEREBY AUTHORIZE EMERGENCY MEDICAL CARE FOR MY CHILD IF I CANNOT BE CONTACTED AT THE TIME OF TREATMENT. I FURTHER AUTHORIZE BLUE LINE HOCKEY REPRESENTATIVES TO RETAIN A COPY OF THIS DOCUMENT AT THE CLUB OFFICE AND ALL CLUB SANCTIONED EVENTS.

Signature of Parent or Guardian

Date

**KENOSHA BLUE LINE HOCKEY CLUB
MEDICAL INFORMATION FORM
2009-2010 Season**

*****OPTIONAL DATA*****

(The following data is optional but could assist medical professionals in the event of an emergency.)

Previous or Existing Conditions

Circle One

Fainting Spells	Yes	No
Seizures/Epilepsy	Yes	No
Asthma	Yes	No
High/Low Blood Pressure	Yes	No
Kidney Disease	Yes	No
Hernia	Yes	No
Diabetes	Yes	No
Heart Defects	Yes	No
Allergies	Yes	No

Please Specify: _____

Fractures/Soft Tissue Injuries

Circle One

Skull (including concussions)	Yes	No
Neck/Spine	Yes	No
Shoulder	Yes	No
Ribcage	Yes	No
Hands/Wrists	Yes	No
Hips/Trunk	Yes	No
Knees	Yes	No
Ankles/Feet	Yes	No
Other: _____	Yes	No

Has the child received a recent tetanus booster? _____ If so, when? _____

Has a physician placed any restrictions on the child's activity? _____

If so, please explain: _____

Is the child regularly taking prescription (RX) or over-the-counter (OTC) medications? _____

If so, please list: _____

Please Check and Sign Below: (one section only)

I HEREBY DECLARE THAT ALL OPTIONAL MEDICAL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent or Guardian

Date

I DECLINE TO PROVIDE ANY OPTIONAL MEDICAL INFORMATION AT THIS TIME.

Signature of Parent or Guardian

Date

KENOSHA BLUE LINE HOCKEY CLUB

SUPPLEMENTAL MEDICATION UPDATE

2009-2010 Season

*****OPTIONAL*****

Player's Name

Birth Date

Male/Female

_____ MI

Last

First

____/____/____

(circle)

Is the child regularly taking any new prescription (RX) or over-the-counter (OTC) medications? _____

If so, please list: _____

Please Check and Sign Below:

- I HEREBY DECLARE THAT ALL SUPPLEMENTAL MEDICATION INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE THAT BLUE LINE HOCKEY REPRESENTATIVES ARE NOT RESPONSILBE FOR THE STORAGE OR ADMINISTRATION OF ANY MEDICATIONS OR OTHER MEDICAL APPLICATIONS.**

Signature of Parent or Guardian

Date



USA HOCKEY
CONSENT TO TREAT

This is to certify that on this date, I _____, as parent or guardian of _____, 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 athlete, for any injury that could arise from participation in USA Hockey sanctioned events.

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

Name of Insurance Company: _____

Address: _____

Policy Number: _____

Signed: _____
(parent/guardian)

Relationship to Athlete: _____

Home Address: _____

Phone: (_____) _____ 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 Jay Bernard at 1-800-486-6880.



Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

It is the purpose of this agreement to exempt, waive and relieve releasees from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including the negligence, if any, of releasees. "Releasees" include USA Hockey, Inc., its affiliate associations, local associations, member teams, event hosts, other participants, coaches, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

For and in consideration of the undersigned participant's registration with USA Hockey, Inc., its affiliates, local associations and member teams (all referred to together as USAH) and being allowed to participate in USAH events and member team activities, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of participation in USAH events, member team activities, the sport of ice hockey, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to ice hockey and any member team activities, and understand that ice hockey and member team activities involve risks to participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence of others, including the "releasees" identified below. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster and stronger participants, and these risks and dangers will increase if participant participates in ice hockey and member team activities in an age group above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or others, are included within the waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound under the rules of USA Hockey, including the By-Laws of the corporation and the arbitration clause provisions, as currently published. Copies are available to USA Hockey members upon written request.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of ice hockey rinks and related premises and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said rinks, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

If the law in any controlling jurisdiction renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by controlling law. This agreement affects your legal rights, and you may wish to consult an attorney concerning this agreement.

Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death.

Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers of ice hockey and understand these waivers and releases are necessary to allow amateur ice hockey to exist in its present form. Significant exclusions may apply to USA Hockey's insurance policies, which could affect any coverage. For example, there is no liability coverage for claims of one player against another player. Read your brochure carefully and, if you have any questions, contact USA Hockey or a District Risk Manager.

_____ Age _____ Date Signed _____
PARTICIPANT SIGNATURE

_____ Date Signed _____
PARTICIPANT NAME (PRINT)

_____ Date Signed _____
PARENT OR GUARDIAN SIGNATURE
(if Participant is 17 years of age or younger)

This form to be retained by local program.

Kenosha Blue Line Hockey Club
P.O. Box 580131
Pleasant Prairie, WI 53158

**LETTER OF RELEASE AND AUTHORIZATION
2009-2010**

Dear Parent/Guardian:

In order to protect our volunteer coaches, team representatives, and hockey association board members, it has become necessary for parents and guardians to be fully informed of the inherent risk of injury while participating and playing ice hockey. The statement below is not intended to scare anyone or be overly negative, but the probability of accidents that could result in serious injury does exist. Please read carefully and sign.

I, the undersigned, being the parent/legal guardian of _____ hereby consent to my child or ward to participate in the Kenosha Blue Line Hockey Club, Inc. hockey program.

It is understood that said program carries the potential for various injuries such as broken bones, bruises, cuts, scrapes, muscle and tendon damage, spinal injuries that could result in the partial or complete paralysis, brain damage and other serious injury or impairment to other aspects of the body, general health and well being. I understand that the dangers and risks of playing or practicing to play hockey may result not only in serious injury, but in serious impairment of future abilities to earn a living, to engage in other business and social and recreational activities and generally enjoy life. It is also understood that some injuries could result in death.

As legal guardian of _____, I hereby assume all risks and hazards incidental to his/her participation in the hockey program. I waive and release the Kenosha Blue Line Hockey Club, Inc., its' board of directors, coaches and team representatives from any claim arising out of personal injury or loss suffered during the course of participation. I also agree that it is my responsibility to provide medical insurance coverage for my child.

Signature of Parent/Guardian: _____



Kenosha Komet Player Code of Conduct

- Each Komet player is expected to follow the Komets Player Code of Conduct.
- Ice hockey is a game. Play for fun and enjoy yourself.
- Each player shall strive to develop and improve his or her individual playing skills and will encourage improvement by teammates. Komet players cooperate with and support one another.
- Players will be on time for practices and games and should be ready, mentally and physically, at least 15 minutes before the start of each practice at least 30 minutes before each game and be ready to skate 15 minutes before each game.
- Players will show respect to their coaches. When coaches offer advice, players should listen and try to follow the advice. Never sulk or complain about the amount of your ice time.
- Never argue with the decision of an official or coach.
- At no time, on or off the ice, will any player use disrespectful, abusive, obscene or racial/ethnic language to coaches, managers, parents, officials, teammates or players on the opposing team.
- Avoid retaliation, unsportsmanlike conduct, and misconduct penalties. This type of behavior only reveals selfish lack of self-discipline and hurts the team. Respect the USA Hockey Zero Tolerance Policy.
- Unsportsmanlike conduct in the form of gestures, slapping boards with sticks, or other displays of individual anger are prohibited. The Komets adhere to the USA Hockey Zero Tolerance Policy towards unsportsmanlike conduct.
- Fighting before, during, or after a game, on or off the ice, will be subject to disciplinary action by the Disciplinary Committee, regardless of any penalties imposed by the game officials. Penalties imposed by the Disciplinary Committee are final.
- Coaches have the authority to bench any player for any part of a game or future game, for open personal criticism of teammates, coaches, or referees, abusive or obscene language, or unsportsmanlike conduct, anger, or fighting, regardless of any action by game officials.
- Each player will respect the property of others at all times. Any player who damages a rink or other personal or public property while participating in any Komet related activity will be automatically suspended until restitution is made, and will remain on probation for the remainder of the season.
- The use of alcohol or drugs is absolutely forbidden and will result in automatic dismissal from the team. Smoking or chewing tobacco is strictly forbidden while on the premises for a Kenosha Blue Line Hockey Club hockey activity.

I, _____, promise to adhere to the Kenosha Komets Code of Conduct and Zero Tolerance policies. If found to violate these policies, I promise to comply with the decisions of the Kenosha Komets Organization as represented by it's Board of Directors with respect to any suspensions or penalties that may result.

Signature: _____

Date: _____

The Kenosha Komets Hockey organization is a Non-Profit organization. Please visit us on the web at www.kenoshakomets.com.



KENOSHA BLUE LINE HOCKEY CLUB PARENTS CODE OF CONDUCT

In the interest of the players and Kenosha Blue Line Hockey Club (KBLHC), parents must demonstrate good conduct at all times. All parents/guardians will sign a KBLHC Code of Conduct Agreement. This agreement is designed to help parents understand their role with their son/daughter's participation in hockey. KBLHC will not register players of parents/guardians refusing to sign the Code of Conduct. Verbal, physical, or mental abuse of players, officials, coaches, parents, and volunteers will not be tolerated.

Suspensions as determined by the KBLHC's Discipline Committee will be assessed for abusive offenses as specified on the Code of Conduct. KBLHC reserves the right to determine the length of suspensions depending upon the severity of the incident(s). Team coaches/managers are responsible to notify the Disciplinary Committee immediately of any parent offenses. KBLHC reserves the right to suspend the players of parents refusing to abide by suspensions assessed. Other spectators exhibiting abusive conduct will be required to leave the rink and will be subject to the same suspensions as indicated in the Code of Conduct.

- a) All parents and guardians shall adhere to the KBLHC's "Code of Conduct" and the "Code of Conduct" established by the Ice Plex and all visiting arenas.
- b) There is a **Zero Tolerance Ruling in USA Hockey** and the officials strictly enforce it. The officials can, and will, penalize your team for unbecoming conduct by any team member, coach, or parent.
- c) Parents and guardians have an obligation to remain positive and show respect towards all, KBLHC's Officials, Team Officials, Team Managers, Coaches, league players, and spectators at all times.
 - Failure to do so may result in your son/daughters removal from the team and/or the KBLHC. Threatening or abusive behavior to coaches, team representatives, referees, players, other parents, or spectators will not be tolerated.
 - Parents are not allowed on the bench or ice during practices and games.
- d) Any disagreement will be dealt with as per KBLHC's "Rules of Operations".
- e) Respect the officials and their authority during games. Yelling at an official during a game will never change his/her decision and could result in negative ramifications for the parent or the team.
- f) Any parent, in the opinion of the KBLHC, who is found to have acted in such a manner that shed a negative light on the team and/or organization, may have his/her son or daughter suspended from his/her team for a length of time to be determined by the Disciplinary Committee.
 - Cheer plays of all participants; avoid booing opponents or cheering for an opponent's penalty. Cheer in a positive manner and encourage fair play.
 - Help provide a safe and fun environment; throwing any items on the ice surface can cause injury to players and officials. Be responsible for your own safety - be alert to prevent accidents from flying pucks and other avoidable situations.
 - Do not lean over or pound on the glass. The glass surrounding the ice surface is part of the playing area.
 - Respect locker rooms as private areas for players, coaches, and officials.
 - **All parents of squirt age players or above are asked to stay out of the locker rooms. If your child needs help tying their skates, please have them come out of the locker room.**
 - Any behavior that results in ice rink property being damaged will not be tolerated. Teach your children to respect all ice rink property and employees.
 - Be supportive after the game – win or lose. Recognize good effort, teamwork, and sportsmanship.
 - Abusive, obscene or profane language or gestures will not be tolerated
 - Treat everyone fairly, regardless of gender, place of origin, color, sexual orientation, religion, political belief, or economic status. Teach your children to do the same.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE