

QUAKER ICE HOCKEY REGISTRATION DIRECTIONS

- **Print Application, Parent/Player Agreement from the Registration packet and submit with payment Mail to registrar: Susan Krulikowski**
- **38 Ashlea Drive Glenmoore, PA 19343 (do NOT leave at the rink or give to any other board member!) OR bring to Evaluations**
- **Attend evaluations in April (see website for exact dates). Tentative dates: Midgets (April 14th - 16th); Squirts, Peewee, Bantams May 11th-13th); Girls Tier II (April 28th- 29th).**
- **Register for USA HOCKEY online (after May 1st) www.usahockey.com. Fees are NOT included in the dues.**
- **Submit second payment prior to June 1, 2009**
- **Notify treasurer (Diana Simpson) of any specific payment plans prior to June 1, 2009**
- **Print confirmation sheet from USA Hockey**
- **Bring USA Hockey confirmation sheet to Second REGISTRATION NIGHT (to be announced).**
- **Submit third and **final payment** prior to August 1, 2009**
- **USA Hockey rosters submitted to teams by September 15, 2009.... Signed by team and returned to registrar for USA Hockey authorization prior to September 30, 2009. Rosters not turned in for USA Hockey signature are NOT eligible for playoffs or districts. DVHL and MAWHA rosters are completed separately.**



APPLICATION QUAKER ICE HOCKEY 2009/2010 PLAYER REGISTRATION

NEW PLAYERS

Last Name _____ First Name _____ DOB _____

Address _____ Is this a new address Yes No

City _____ State _____ ZIP _____

Home Phone _____ Cell Mom _____

Grade 2009-2010 _____ Dad _____

Parents' First Names _____ / _____

E-MAIL (1) _____ (2) _____

Check one (position not guaranteed): Forward Defense Goalie

Boys: Mite Squirt Peewee Bantam Midget 16U Midget 18U

Fees: \$1,200 \$1,500 \$1,575 \$1,600 \$1,625 \$1,625

USA HOCKEY REGISTRATION NOT INCLUDED IN FEES

Your initial registration deposit is \$500.00. You may use your credit card, money order or check to make this payment. If you choose to pay via credit card, please check the box below and fill out a CREDIT CARD AUTHORIZATION form. Quaker jerseys and apparel may also be ordered on our website. Please note that No Refunds will be made after April 14, 2009 except for players who make the Jr. Flyer Tier I club. Players making this Tier I team may receive a refund provided the President or Vice President receives a written request prior to May 31, 2009. NO REFUNDS WILL BE GIVEN AFTER MAY 31, 2009 for those players making Jr. Flyer Tier I. The DVHL specifies that your deposit is your commitment to our club, as well as the rules and regulations of the DVHL and Quaker Ice Hockey organization. Failure to follow the rules and regulations set forth by the Quaker Ice Hockey organization, or failure to make timely registration payments, will result in your player's release from the Quakers. Your signature below indicates your acknowledgement of these terms and conditions and confirms that your son/daughter is not registered or financially committed to any other organization.

Payment via: Check _____ Check number _____ Credit Card _____ Send credit card authorization Other

Signature of Parent or Guardian: _____

Please mail this form and your registration check to:

Quaker Ice Hockey
Susan Krulikowski
38 Ashlea Drive
Glenmoore, PA 19343

DO NOT LEAVE FORM OR MONEY AT ICELINE!!!!

QUAKER ICE HOCKEY CLUB

For your convenience, the Quakers can apply your payments to the following credit cards. To take advantage of this, simply complete the following form and return it to the address indicated.

VISA ___ MASTERCARD ___ AMEX ___ DISCOVER ___ EXPIRATION DATE _____

CARDHOLDER'S NAME: _____

ACCOUNT NUMBER: _____

CHARGE AMOUNT: _____

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

Mail ORIGINAL REGISTRATION payments to:

Susan Krulikowski (Registrar)

38 Ashlea Drive Glenmoore, PA 19343

FOR SUBSEQUENT PAYMENTS:

QUAKER ICE HOCKEY CLUB

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VISA ___ MASTERCARD ___ AMEX ___ DISCOVER ___ EXPIRATION DATE _____

CARDHOLDER'S NAME: _____

ACCOUNT NUMBER: _____

CHARGE AMOUNT: _____

SIGNATURE OF CARDHOLDER: _____

PLAYER'S NAME & Level _____

Diana Simpson (treasurer)

840 N. Milford Road, Downingtown, PA 19335-4154 Or Fax to (610) 363-8399

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DELAWARE VALLEY HOCKEY LEAGUE (DVHL) PLAYER/PARENT AGREEMENT

This AGREEMENT is entered into in the Commonwealth of Pennsylvania between

_____, born on _____

("The Player") and jointly and severally by the Player's parent and/or legal guardian,

_____, residing at _____,

("The Parent") and _____ ("The Club"), a youth hockey

organization for the 2009 / 2010 hockey season, which is defined as lasting from the date of signing of this agreement until the completion of the USA Hockey National Tournaments ("The Season"). It is understood that the Parties **intend to be legally bound by this Agreement**, and that this Agreement was signed in, and is enforceable, in the Commonwealth of Pennsylvania, and that all references to the Player includes males and females.

1. **The Parent understands that if the Player resigns or otherwise voluntarily terminates his/her participation for any reason after signing this agreement, the Player is not entitled to a refund of the Player Fee and must pay the entire remaining balance of the Player Fee before a DVHL/Atlantic District Player Release Form will be issued.**
2. The player agrees to play DVHL amateur ice hockey exclusively for the above mentioned Club and may not register for, be evaluated for or play for any other DVHL club. The player may also participate with any school, independent or Atlantic District run program. Dual rostering is not permitted on any Tier I (AAA), Tier II (AA, A, B, C) or any Junior Programs; however, Girls are permitted to be dual rostered on any Tier I (AAA), Tier II (AA, A, B, C) or Girls team. If both teams are National Tournament bound, the player must declare, in writing, by 12/31/2009, for which team she will participate should these teams qualify for Districts, leading to the National Tournament.
3. The Player agrees that he/she will attend all of the Club's ice practices, games, off-ice training, instructional sessions and organized team meetings, except when prevented from doing so for educational or medical reasons, in which case, the player will request permission in advance (when reasonably possible to do so) to be absent. The club acknowledges that such permission will be granted for all reasonable requests. The player agrees that he/she will maintain his/her academic and educational course work at the/she highest-level possible.
4. The Club will provide the Player USA Hockey and Atlantic District registration unless the player has been previously registered by another organization.
5. The Player agrees to obey the laws of the Commonwealth of Pennsylvania and that he/she will maintain good citizenship and behavior at all Club events, as well as in his/her everyday life, recognizing that his/her behavior is a reflection upon the Club.
6. The Player agrees not to use vulgar or profane language, racial, ethnic or gender related slurs toward teammates, coaches, officials, opponents or spectators.
7. The Player agrees that alcohol, tobacco products, and all legally banned substances, which includes marijuana, cocaine, non-prescribed medications, including performance enhancing substances and other related drugs, have no place in hockey and Player agrees not participate in such use.
8. The Player 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, and agrees not to participate in such conduct.
9. The Parent agrees to respect and show appreciation for the volunteers who give their time to hockey. Parent further agrees not to yell, taunt, threaten or inflict physical violence upon any player, coach, official or spectator at any Club function.
10. The Parent agrees to be responsible for the financial commitment made in this Agreement (which includes the payment of a Registration Fee and a Player Fee), even in the event that Player's Club or playing privileges are suspended and/or terminated for any reason, including but not limited to disciplinary or academic issues, injury

2009 QUAKER EVALUATION GUIDELINES

- The evaluations will take place over 3 nights
Midget 18U will have 2 nights of evaluations
- No player will be permitted on the ice that has not paid his/her registration fee.
- There will be 2 nights of skills and 1 night of scrimmaging.
- Players will be broken up alphabetically.
- Players will be told after the first night which session they will attend the following night.
- The on ice evaluations will be run by coaches selected by the Ace Director.
- Players will be notified within 48 hours after the final evaluation session by e-mail and a phone call on which team they have been selected. No teams will be announced the last night of evaluations.
- All selected teams must be approved by the Quaker Board of Directors. The Board reserves the right to veto selections if needed.

EVALUATION CRITERIA

I.) Player Evaluation and Selection

- Identify the physical, technical, tactical and mental skills necessary for competition.
- Technical skating, passing, puck handling, shooting, scoring, checking.
- Tactical ability to learn systems, understand the game, good hockey sense, read and react, adjust to different styles of play.

II.) Individual Hockey Skills

- Skating: Quickness, speed, agility, power.
- Puck Control: Fake shot, spin around, slip around, double shift, stop & go, grandstand, change of pace, puck protection.
- Passing and Receiving: Surround the puck, snap, receiving(skate), receiving(hand), block & drop, one touch pass, flip-saucer pass(foreside & backside), wrap around, breakout, alley-opp.
- Shooting: Wrist, backhand, snap, flip, slap, one timer, inside shot, drive shot, roofing, quick release.
- Checking: Covering, taking a check, shoulder check, hip check, angling, body check, positioning, closing the gap, pinning, back checking, body positioning, contain/stall, block check, roll check.
- Goaltending: Playing the angles, situations, rebound control, moving behind the net, stopping the puck along the boards, poke checking, positioning, face-offs, deflections & screens, play at the post, clearing/passing, quickness.

III.) Team Play

- Offense: Offense in the defensive zone, in the neutral zone, in the offensive zone, power play situations, face-offs, transition, support, puck control, dump ins, puck possession, wide rim, cycling, attacking the zone.
- Defense: Fore checking systems, tracking the puck, box +1, wings low, man short situations, pressure, stall/contain, support, transition, man to man coverage, backside coverage, sagging coverage, shot blocking.

IV.) Mental Attributes

- Attitude, confidence, mental toughness, good coping skills, highly motivated, good self control skills, team oriented, physically tough, assertive, aggressive.
- Realize the importance of honesty and integrity in and away from the rink.
- Able to accept responsibility for your actions and athletic performance.
- Ability to balance school, social activity, sports, and family.
- Team commitment

Quaker Ice Hockey Uniform Order Form

Player's Last Name (for Jersey):	Players first Name:
E-Mail Address:	Existing Quaker Jersey Number (if applicable):
Telephone Number:	2009/10 Team, if known (e.g. Bantam AA)
Players Birthdate:	

Please **print** all information:

If the player is a **new Quaker** player or a returning player who was not a Quaker player during 2008/09, provide three number choices:

First Choice: _____ Second Choice: _____ Third Choice: _____

If the above choices are **NOT** available, a number will be automatically assigned to prevent conflicts.

Note – Please read; initial ONLY if you agree: Numbers are assigned to prevent a conflict in the upcoming season and to attempt to avoid conflicts in subsequent seasons. A player indicating choices above may receive a number of his or her choice, even if that number creates a potential for conflict in a subsequent season, **as long as the box below is initialed in acknowledgment that this player will pay to change his or her number if a conflict arises and that he or she will pay the current Ice Line ProShop rate (@ \$65.00) to change the numbers on the jerseys.**

Initials _____

CIRCLE SIZE REQUESTED:

Jersey Sizes:	Adult:	S	M	L	XL	XXL	Goalie Sleeve
Shell Sizes:	Youth:	S	M	L			
	Adult:	S	M	L			
Sock Sizes:	Youth	Intermed.	Adult				

CHARGES:

Quantity

Jerseys (Home / Away)	@ \$90.00 each – \$180.00 total for set	\$ _____
Goalie Cut Sleeve	Add \$5.00 per jersey	\$ _____
Socks – Home (White)	@ \$14.00 each pair	\$ _____
Socks – Away (Dark)	@ \$14.00 each pair	\$ _____
Shell (One Style)	@ \$58.00 each	\$ _____
Player bag with last name	@ \$65.00 each	\$ _____
	Total Due	\$ _____

Players in the Cross-Ice Program do **NOT** order uniform items. A Cross-Ice Quaker jersey and socks will be supplied; the charge for those items is included in the registration fee.

ALL JERSEY ORDERS ARE DUE BY MAY 30, 2009 FOR DELIVERY IN LATE AUGUST.

– LATER ORDERS MAY TAKE 6-12 WEEKS TO COMPLETE –

PAYMENT IN FULL MUST ACCOMPANY THIS FORM

Mail form and payment (check payable to SHP) to:

Kim Tracy, Quaker Ice Hockey
c/o IceLine, 700 Lawrence Drive
West Chester, PA 19380

Questions: Contact Kim Tracy - Cell Phone # 610.420.0600

