

BOPARC

Adult League

Ice Hockey Packet

Team League Fee: \$2800.00

Payment 1: \$1400- Due at Registration

Payment 2: \$1400- Due by January 4th

- **Captain's Meeting- August 16th - 6pm**
- **Packets Due By: September 7th by 4pm to Marilla Center**

(Packets will not be accepted at the rink)

- **Schedules Released on September 13th**
 - **Season Starts September 15th**

IMPORTANT INFORMATION*** PLEASE READ!

- A total of ten teams will be accepted in the Competitive and Recreation leagues combined. They will be split 6 Teams and 4 Teams (the larger league will be determined by whichever league has 6 teams that register first)
- Each player can only play in ONE league for ONE team (A or B).
- First payment is due at time of registration- no exceptions. Second payment must be received by January 4th or the team will be removed from the schedule. Total league fee is based on a ten man roster with a cost of \$280 per player. If you have more than 10 players, your total league fee does not change.
- The season will no longer be split into 2 halves. Teams are guaranteed 18 games and a least one playoff game.
- USA Hockey rules apply. A copy of these rules can be obtained by visiting: <https://www.usahockey.com/rulesandresources>. All leagues allow slap shots, but are non-checking. We are considered a “gentleman’s league” and any players who does not act accordingly will be removed from the league. All opposing players and officials should be treated with respect to ensure a great experience. **All Players MUST be registered through USA. A valid USA hockey membership number and dated proof of registration must be included with final packet at the time of registration.**
- 20 players maximum on a roster/ 10 players minimum
- All leagues are Recreational/Comp Coed, Non-Checking Leagues *
Men and women ages 18 and older are eligible to play. *
- Teams will sign up together and turn in a full packet/roster
- Playoffs will be Single Elimination
- 18 games during regular season Plus playoff game(s) – **One long season with a break around Christmas.**
- A player must play in at least **6 games** to compete in the playoffs.
- 2 Divisions if the division has at least 4 teams.
- Players must be signed up for USA hockey and have signed a BOPARC waiver to take the ice.
- All players must wear a full cage helmet along with hockey protective equipment to participate.
- Teams will provide their own jerseys, however BOPARC will have plain jerseys of select colors and sizes to purchase for \$5-while supplies last.
- Team captains/ Co captains are responsible for communication with the league director and their teams.
- **We Will not allow teams to use players from other teams throughout the season. Only players on YOUR team’s roster may participate.**
- Games will be three 20-minute periods with a running clock. All penalties will be 3 minutes.
- If a player is removed from a game by a referee and/or removed from multiple games, the rink manager holds the right to extend the suspension or remove the player from the league.
- If your team needs players, please indicate this on your roster when it is turned in.

WHAT DO I NEED TO TURN IN AT REGISTRATION?

The Team Manager or a designated player from each team will need to turn in the following information to the BOPARC Administrative Office (located inside Marilla Center-799 East Brockway Ave) Marilla Park by **4pm on September 7th** to be registered for the season.

Incomplete packets will not be accepted! No exceptions!

- Small driver license size photo of each registered player, labeled on back with each player's name.
- Completed roster with player name, phone #, email, and USA Hockey Number.
- Dated proof of USA Hockey Registration. A copy of the email from USA Hockey is fine. Date of expiration must be current or it will not be accepted.
- Team Application for Admission.
- Activity Consent Form completed by each player.
- First payment of \$1400. Second payment is due by January 4th. Teams may pay entire fee up front.

**BOARD OF PARK AND RECREATION COMMISSIONERS OF MORGANTOWN
TEAM APPLICATION FOR ADMISSION – Adult Ice Hockey**

PRINT All Information

Name of Team _____

Name of Team Captain _____ Day Phone _____ Evening Phone _____

Street or P.O. Box _____ City _____ Zip _____

Name of Co- Captain _____ Day Phone _____ Evening Phone _____

Street or P.O. Box _____ City _____ Zip _____

E-mail Address _____

IF MANAGER OR ASS'T MANGER DOES NOT HAVE E-MAIL, PLEASE LIST ROSTER

PLAYER WHO MAY RECEIVE E-MAIL FOR TEAM NOTIFICATION

NOTE: TEAM Captain's & CO-Captain's NAMES MUST BE DIFFERENT

I hereby certify that I have received a copy of the Adult Ice Hockey Packet for 2018; including information for team registration and that rules and information have been discussed with all members of our team. I agree to these game and registration rules and will make every effort to ensure that all members of our team comply with them. I understand that I am responsible for the actions of my team members.

Date _____ Signature of Team Manager _____

-----DO NOT WRITE BELOW THIS LINE-----

League Participation Fee received _____ By _____

BOPARC PROGRAM/ACTIVITY CONSENT FORM

PLEASE PRINT

Program/Activity Adult Ice Hockey League Birth Date _____

Team: _____ League _____

_____ F _ M _
Last Name First Name MI Phone Number

_____ State Zip Code
Address City

Emergency Contact: _____ Phone: _____

THIS ADDITIONAL INFORMATION IS REQUIRED FOR MINOR PARTICIPANTS:

Mother's/Guardian's Name Father's/Guardian's Name

Phone (Home) Phone (Work) Phone (Home) Phone(Work)

Phone (Cell) Phone (Cell)

I, the above named participant, parent, guardian or legal representative of participant, do hereby give my approval to my/his/her participation in any and all activities of the above mentioned program, and hereby certify that:

Participant is physically able to participate in the program and knows of no physical/medical limitation that would prevent participation.

Participant will abide by the decisions of the program leader with regard to all aspects of the activity. BOPARC and/or its instructors reserve the right to terminate participation in the activity if participant is in violation

I, the participant/parent/legal guardian of participant release BOPARC, its agents, commissioners, employees and the City of Morgantown from all claims, including the institution of a lawsuit against BOPARC, its agents, commissioners, employees or the City of Morgantown for injuries or losses sustained by me/my child/my dependents as a result of my/his/her participation in the program.

I give permission for the use, without fee, of my/my child's/dependent's picture in any broadcast, telecast, or print media account of this program for promotional and publicity purposes.

In the event of need for emergency medical service, I authorize and consent to such services being provided to the above named participant (if a minor).

I have read and understand the following REFUND POLICY: It is the assumption of all parties concerned that the person registering him/her or another for this activity intends to take part in the activity and will assume the space allocated for an individual participant. Registration is non-refundable unless a paid substitution is made.

NOTE: Each participant is responsible for his/her own accidental injury medical/dental insurance.

Signature: _____

Date: _____