Welcome to the 2014-2015 Season of the Lynchburg Youth Hockey Association!

This packet contains important information and required registration materials for the 2014-2015 ice hockey season. Included in this packet are the following items:

- A Letter from the LYHA Board of Directors.
- Contact Information for LYHA House League Coordinators and Travel Team Coaches.
- General Registration Information.
- Registration Forms/Documents: LYHA Registration Form, USA Hockey Consent to Treat, USA Hockey Zero Tolerance Policy, USA Hockey Player’s Code of Conduct

All forms must be completed and returned to Lynchburg Youth Hockey for a player to be registered and participate during the 2014-2015 season. Forms can be brought to registration or mailed along with payment to:

Lynchburg Youth Hockey Association

ATTN: Jeff Prowse, Registrar

124 Thunder Ridge Road

Huddleston, VA 24104
From the LYHA Board of Directors...

Dear LYHA Players and Parents,

It is our pleasure to welcome your family to the 2014-2015 season of Lynchburg Youth Hockey. The Board of Directors has been hard at work all summer to plan for the upcoming season and we are excited to have things underway!

We recognize that participating in the sport of ice hockey is a significant commitment in terms of time and cost. Your Board of Directors is deeply grateful for all that our parents and families do to allow their children to be a part of this great organization. It is our top priority to guarantee a positive experience for everyone in Lynchburg Youth Hockey.

The Board of Directors has set out to accomplish a number of very important objectives for this season. These objectives include:

- Continue to model our program in the USA Hockey American Developmental Model (ADM) and to leverage the USA Hockey Coaching Education Program (CEP). This will help to ensure we provide our players with top quality coaching, and a positive youth sports experience.
- Continue to improve and expand options for learning the sport of ice hockey through a commitment to the Learn to Play (LTP) program, focusing on LYHA’s partnership with Liberty University coaching staff.
- Continue to focus efforts on LYHA’s House League program at every level of the organization in order to provide an outlet for as many children as possible to play hockey.
- Continue to develop a close, cooperative relationship with Roanoke Valley Youth Hockey Association.
- Continue to grow our organizations participation in travel hockey through a consistent commitment to membership in the Carolinas Hockey League at the squirt and above levels.

By addressing these important goals, we believe that we can set the LYHA on a path toward consistent growth and provide significantly expanded opportunity for our participants.

It’s “Let’s GO COYOTES” and we’re bound for an exciting hockey season here in the Hill City. We are thrilled to have you onboard.
Lynchburg Youth Hockey Association 2014-2015

Program Contacts House League Coordinators / Travel Team Coaches

Mites: (Birth Year 2006 and Younger) Jim Miller  james.miller@bartonmalow.com

Squirts: (Birth Year 2005 and 2004) Chris Hara  cnahara@gmail.com

Peewees: (Birth Year 2003 and 2002) Jeff Prowse 540.488.2872   jeffprowse@yahoo.com

Bantams: (Birth Year 2001 and 2000) Jeff Fleck  jeff_fleck@yahoo.com

Midget U18*: (Birth Year 1997 and 1996) Tom Shahady  shahady@lynchburg.edu

Lower House (Birth Year 2006 - 2004) Jeff Prowse 540.488.2872   jeffprowse@yahoo.com

Middle House (Birth Year 2005 - 2000) Shane Turner 434-942-4085 out2hockey@gmail.com

Upper House (Birth Year 2001 - 1994) Shane Turner 434-942-4085 out2hockey@gmail.com

*Lynchburg Youth Hockey Association will make a determination as to the viability of our U16 and U18 Midget team or teams, based on the number of registered players and coaches.
LYHA General Registration Information

Registration Dates/Times – Learn to Play through Midget

Monday August 25, 6:15PM -8:15PM

Tuesday August 26, 2014, 6:15PM -8:15PM

Saturday, August 30, 2014 8:30 AM- 11:30AM

PLEASE NOTE: All registrations will be held in the lobby of LaHaye Ice Center. Payment will be accepted in the form of personal check, credit card or cash.

2014-2015 Fee Structure

Learn to Play LTP Program Fee $60.00  Due at registration*

TRAVEL ONLY

Mites $550.00  Due at registration*

Squirts through U18 Midget  $550 Due at registration*

HOUSE ONLY

Lower, Middle and Upper House  $550 Due at Registration*

HOUSE AND TRAVEL

Squirts through U18 Midget  $850 Due at registration*

*Any player that brings a new LYHA player into the House or Travel program will receive $50.00 off registration. For example – Bring 3 players into the program, receive a $150.00 discount. The discount is applied after the new player has completed registration.

Registration Instructions for 2014-2015 Season

Follow these steps to register each child participating in the 2014-2015 LYHA Season:

1. Print, complete, and sign copies of the following forms:
   a. LYHA Registration Form
   b. USA Hockey Consent to Treat
   c. USA Hockey Zero Tolerance Policy
   d. USA Hockey Player’s Code of Conduct

2. Include payment of at least the first installment payment for each program your child will be signing up for at registration. Initial payment is due upon registration.

3. Visit USA Hockey at www.usahockey.com and register with USA Hockey for the upcoming season. Follow instructions for registering your players with USA Hockey for the 2014-2015 season. As part of the USA Hockey online registration process skaters over the age of 6 years will be required to pay a $45.00 registration fee. ($40 is the fee to register with USA Hockey. $5 is the fee to register with Potomac Valley Amateur Hockey Association. LYHA sees no proceeds from this fee.)
4. Once you have successfully registered your player with USA Hockey, you will be able to print a USA Hockey Registration Confirmation page that includes your child’s USA Hockey Confirmation number. Please print at least two copies of this confirmation page. When a player has completed all required registration materials he or she will be issued an LYHA 2015 registration helmet sticker. These stickers ensure that only fully registered players will be allowed to participate. The cost for a lost sticker is $5.

- NO LYHA PLAYER WILL BE ALLOWED TO PARTICIPATE IN ANY TEAM ACTIVITIES WITHOUT COMPLETING ALL REGISTRATION MATERIALS, INCLUDING USA HOCKEY REGISTRATION.

-NO PLAYER WILL BE ALLOWED ON THE ICE FOR ANY LYHA EVENT WITHOUT AN LYHA HELMET STICKER AFFIXED TO THE BACK OF THEIR HELMET.

5. Print a photocopy of your child’s birth certificate (if your child is new to LYHA or moving up from LTP). In accordance with USA Hockey regulations, LYHA will be submitting our player’s Birth Certificates to USA Hockey. Once USA Hockey has verified the Birth Certificate, the provided copy will be destroyed. USA Hockey will mark that player as having a "verified" Birth Certificate on their roster thus eliminating the need for LYHA or its Team Managers to keep this on hand at every home/travel game. As long as you continue to register your child under the exact same name, that Birth Certificate verification will remain with your child throughout their association with USA Hockey. This will be required for ALL Travel Team players!

6. Bring to registration or mail the following documents to the LYHA Registrar at the address below:

a. LYHA Registration Form
b. USA Hockey Consent to Treat
c. USA Hockey Zero Tolerance Policy
d. USA Hockey Player’s Code of Conduct
e. Player’s Birth Certificate (if your child is new to LYHA or moving up from LTP)
f. USA Hockey Registration Confirmation

Lynchburg Youth Hockey Association c/o Jeff Prowse 124 Thunder Ridge Rd, Huddleston, VA 24104
LYHA 2014-2015 Season Registration Form

Player Last Name ___________________________  Player First Name __________________________

Address:______________________________________________________________________________

City: ___________________________ State _______________ Zip ______________

Birthdate (mm/dd/yyyy): ____________________  School Attending:______________ Grade: _____

Parent 1 Name:___________________________________________________________________________

Parent 1 Address:_________________________________________________________________________

Parent 1 Home Phone: _______________________ Parent 1 Mobile Phone: ____________________

Parent 1 email:___________________________________________________________________________

Parent 2 Name:___________________________________________________________________________

Parent 2 Address:_________________________________________________________________________

Parent 2 Home Phone: _______________________ Parent 2 Mobile Phone: ____________________

Parent 2 email:___________________________________________________________________________

PLEASE CIRCLE THE PROGRAM(S) IN WHICH YOUR CHILD WILL PARTICPATE DURING THE 2014-2015 SEASON

<table>
<thead>
<tr>
<th>Learn to Play</th>
<th>House League</th>
<th>Travel League</th>
<th>Both House and Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTP</td>
<td>MITE</td>
<td>SQUIRT</td>
<td>PEEWEE</td>
</tr>
<tr>
<td>Birth Years</td>
<td>Birth Years</td>
<td>Birth Years</td>
<td>Birth Years</td>
</tr>
</tbody>
</table>

EMERGENCY CONTACT

Name: ___________________________________________________ Phone: _____________________
Address:
_________________________________________________________________________________
Physician’s Name: ________________________________________ Phone: _____________________
Hospital of Choice:
_________________________________________________________________________________

MEDICAL HISTORY: If the answer to any of the following questions is yes, please describe the problem
and its implications for proper first aid treatment on the back of this form.

Have you had (or do you currently have) any of the following? Have you had a recent tetanus booster?
Yes   No   If yes, when? _________________________

Are you currently taking any medications?  Yes   No  If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity?  Yes   No  If yes, please explain on back.

Please check if you have had any of the following:

____Head Injury (concussion, skull fracture)  ____Fainting spells  ____Convulsions/epilepsy
____Neck or back injury  ____Asthma  ____High blood pressure  ____Kidney problems  ____Hernia
____Heart murmur  ____Allergies  _________________  ____Diabetes
Other ____________________ _____________________ _______________________

USA Hockey Consent to Treat/Medical History Form:

This is to certify that on this date, I __________________________________________, as 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:

Insurance Company: __________________________________________________________
Policy Number: _____________________________________________________________

Parent/Guardian/Adult Participant Signature: _____________________________     Date: __________

Excess accident insurance up to $50,000, subject to deductibles, exclusions and certain limitations, is
provided to all USA Hockey registered team participants. For further details visit usahockey.com or
contact USA Hockey at (719) 576-USAH.
USA HOCKEY ZERO TOLERANCE POLICY

In an effort to make ice hockey a more desirable and rewarding experience for all participants, the USA Hockey Youth, junior and Adult Councils have instructed the Officiating Program to adhere to certain points of emphasis relating to sportsmanship. This campaign is designed to require all players, coaches, officials, team officials and administrators and parents/spectators to maintain a sportsmanlike and educational atmosphere before, during and after all USA Hockey-sanctioned games. Thus, the following points of emphasis must be implemented by all On-Ice Referees and Linesmen:

PLAYERS: A minor penalty for unsportsmanlike conduct (Zero Tolerance) shall be assessed whenever a player: 1. Openly disputes or argues any decision by an official. 2. Uses obscene or vulgar language at any time, including any swearing, even if it is not directed at a particular person. 3. Visually demonstrates any sign of dissatisfaction with an official's decision. Any time that a player persists in any of these actions, they shall be assessed a misconduct penalty. A game misconduct shall result if the player continues such action.

COACHES: A minor penalty for unsportsmanlike conduct (Zero Tolerance) shall be assessed whenever a coach: 1. Openly disputes or argues any decision by an official. 2. Uses obscene or vulgar language in a boisterous manner to anyone at any time. 3. Visually displays any sign of dissatisfaction with an official's decision including standing on the boards or standing in the bench doorway with the intent of inciting the officials, players or spectators. Any time that a coach persists in any of these actions, they shall be assessed a game misconduct penalty.

OFFICIALS: Officials are required to conduct themselves in a businesslike, sportsmanlike, impartial and constructive manner at all times. The actions of an official must be above reproach. Actions such as "baiting" or inciting players or coaches are strictly prohibited. On-ice officials are ambassadors of the game and must always conduct themselves with this responsibility in mind.

PARENTS/SPECTATORS: The game will be stopped by on-ice officials when the parents/spectators displaying inappropriate and disruptive behavior interfere with other spectators or the game. The on-ice officials will identify violators to the coaches for the purpose of removing parents/spectators from the spectator’s viewing and game area. Once removed, play will resume. Lost time will not be replaced and violators may be subject to further disciplinary action by the local governing body. This inappropriate and disruptive behavior shall include: • Use of obscene or vulgar language in a boisterous manner to anyone at any time. • Taunting of players, coaches, officials or other spectators by means of baiting, ridiculing, threat of physical violence or physical violence. • Throwing of any object in the spectators viewing area, players bench, penalty box or on ice surface, directed in any manner as to create a safety hazard.

Player Signature: ___________________________ Date: ___________________________

Parent Signature: ___________________________ Date: ___________________________

IT’S JUST A GAME... A WONDERFUL GAME AT THAT.
USA HOCKEY PARTICIPANT CODE OF CONDUCT

NAME:___________________________________________________

To be read and signed by you as a member of Team: ____________________

Participating in USA Hockey for the ____________ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.

2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.

3. Anyone who receives a penalty will skate directly to the penalty box.

4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.

5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.

6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.

7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _______________________________  Date:___________________