



## Hempfield Ice Hockey Club, Inc.

The Hempfield Ice Hockey Club, Inc. has the following fee schedule for the 2017-2018 hockey season. The fees are **estimated** to be \$750.00 for 9<sup>th</sup>-12<sup>th</sup> Grade and \$725.00 for 5<sup>th</sup>-8<sup>th</sup> Grade, and 25% off the second player in a family.\*\*\* These fees are determined by the number of players, and associated club fees (such as CPIHL dues and cost of ice slots). Fifth grade students who register are allowed to play at the middle school level if there are slots available. In the event that the roster is full, 5<sup>th</sup> graders who wish to register will be able to practice with the team for a reduced fee of \$250.00 for the season.

<u>Date Due</u>	<u>Amount</u>
May, 2017	\$150.00
September 1, 2017	\$200.00
October 1, 2017	\$200.00
November 1, 2017	Remaining balance (TBD)

### **You may mail your payments to:+**

Hempfield Ice Hockey Club Inc.  
c/o Amy Ward  
3187 Thistle Drive  
Lancaster, PA 17601

Amy will have a milk box on her porch containing an envelope for payments – no cash please!!

**\*\*\* The fees do not include the cost of jerseys, socks or patches. Payment for uniforms must be made before order is placed.**

**No Pay, No Play!** If the payment is not received by each due date your son and daughter will not be allowed on the ice for practices or games until payment is made. Please contact a board member at the beginning of the season if a different payment plan is requested. Any requested payment plans will be voted on at the next scheduled board meeting.

All fees are to be paid in-full before any Program Ad Fundraiser refunds are given. **No exceptions.**

**U.S.A. Hockey Registration!** Please be aware that part of registration **requires** insurance information and **membership to USA Hockey**. The USA Hockey membership is not included in the packet as it is an **online registration process**. There is a fee for the membership and is valid from August 2017-August 2018. This is required for your player to be allowed on the ice.

Please be prepared with this information **when registering!**

Please note that even if you have a current USA hockey membership expiring in August, 2017, it **must be renewed for the new hockey season in order to be rostered!!!!**

You can renew your USA hockey membership **beginning on April 1<sup>st</sup> and it will still be valid** for a full year beginning in August 2017.

Check out our website: **[www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)**

PLEASE READ CAREFULLY AND PROVIDE ALL INFORMATION WHEN REGISTERING.



## Hempfield Ice Hockey Club, Inc. Player Registration 2017-2018

### Player Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Home Phone: \_\_\_\_\_

**School and Grade for 2017-2018** school year: 5 6 7 8 9 10 11 12

HHS CMS LMS LIC CES EPES FES MES RES

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Player's email address: \_\_\_\_\_

Player's Mobile Phone: \_\_\_\_\_

Previous Hockey Experience: (Please list all teams and level – House, B, A, AA, or school)

Team playing for in 17-18 school year: \_\_\_\_\_

Team Played for in 16-17 school year: \_\_\_\_\_

Team Played for in 15-16 school year: \_\_\_\_\_

Team Played for in 14-15 school year: \_\_\_\_\_

Team Played for in 13-14 School year: \_\_\_\_\_

Current Hempfield Jersey Number: \_\_\_\_\_

### **Parent Information: Please indicate ALL emails you would like included on the email list!!!!**

Father or Guardian 1 Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother or Guardian 2 Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check out our website: [www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)

Items needed for completed Registration are listed below: *(please return ALL of these items to the club at the registration meeting. PLEASE READ CAREFULLY AS THERE ARE SOME CHANGES.)*

***If you are unable to attend, they MUST be submitted BEFORE June 15, 2017.)*** *If registrations are not received by 6/30/17 with ALL of the necessary information/ forms, the player will be ineligible and your deposit is non-refundable.*

<b>Participant checklist</b>	<b>Form or Item needed</b>	<b>Club Use Only</b>
	<b>Registration Form (this 2 page form)</b>	
	<b>Waiver of Liability (signed by parent and student)</b>	
	<b>USA Hockey Consent to Treat (Fully completed)</b>	
	<b>USA Hockey Registration Receipt (must register online at <a href="http://www.usahockeyregistration.com">www.usahockeyregistration.com</a> - there is a fee)</b>	
	<b>UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY</b>	
	<b>Hempfield School District Substance Use Regulations (JV and Varsity only – signed by student and parent)</b>	
	<b>Non Refundable Deposit of \$150.00 Payable to Hempfield Ice Hockey Club, Inc.</b>	
	<b>ONLY NEW PLAYERS: Copy of Birth Certificate and in September, a copy of the 17-18 student ID with your skater's picture and year clearly visible.</b>	
<b>Notes for club use:</b>		

**For questions, please call Amy Ward at 285-1887**

**There will be a mandatory parent meeting in August.**

Check out our website: [www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)

## Uniform Information & Fees

Player's last name \_\_\_\_\_ (print neatly as you want it to appear on the Jersey)

		Items needed
Returning player from last year: Jersey number _____		Size needed
I did not play last year and need to order a set		Size needed and list 3 numbers you would like to have in order of preference
		Size                  Numbers
I need a pair of hockey socks Circle Size and color needed		Small   Black or White                  Medium   Black or White Large   Black or White
Warm-up Jacket (optional)		Adult: Small   Medium   Large   XLarge

Jersey Sizes are Adult Small, Medium, Large, X-Large and 2 X-Large - no Goalie Cut available

Please see Jersey Number Chart on the next page for the list of numbers currently in use.

**Uniform fees are due prior to placing order.**

**\$120 (\$60 each for Home and Away Jersey)**

**\$10 for 1 pair of leg socks.**

**\$60 Warm-up Jacket**

**\*\*\* Jerseys and Socks can be worn for as many years as they fit!**

### **Additional Optional Fees:**

Order forms for spirit wear and varsity jackets will be distributed in the fall for mid-December delivery.

Team and Individual Photos will be done at the beginning of the season.

Check out our website: **[www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)**

### Current Hempfield Jersey Numbers as of 2016-2017

Jersey Number	Player	Grade
1	Joshua Gusst	12
2	Elias Lountzis	10
3	Mason Groff	12
4	Cooper Younger	11
5	Darrion Skaggs	10
7	Rachel Martin	9
8	Theodore Lountzis	8
9	Aadyn Riley	7
10	Ian Farmer	10
11	Nathan Matthews	11
12	Kye Dunigan	11
13	Casey Strodoski	12
15	Mariah Groff	11
17	Carter Lutter	8
16	Anthony Arters	12
18	Greg Lenker	11
19	Jake Rannels	10
20	Quin Anderson	12
21	Tom Kissinger	12
22	Jared Cheyney	10
23	Paige Basler	11
23	Damian Mitchell	9
24	Austin Bole	11
30	Max Aukamp	11
30	Jackson Younger	7
44	Luke Phillips	11
47	Jacob Gusst	11
48	Bryan Ernst	12
53	Aidan Miller	11
56	Reese Witmer	7
57	Michael Nguyen	12
58	Brenden Ward	11
66	Evan Weaver	12
71	Chris Grubb	11
88	David Ward	7
91	Zakery Meshey	12

Check out our website: [www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)



## 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		
_____		
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.*

1W Rev 1/03





**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 \$25,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit [usahockey.com](http://usahockey.com) or contact USA Hockey at (719) 576-USAH.

**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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Head Injury<br>(concussion, skull fracture) | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells                             | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes _____  |
| <input type="checkbox"/> Convulsions/epilepsy                        | <input type="checkbox"/> Kidney problems     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Neck or back injury                         | <input type="checkbox"/> Hernia              | _____                                    |
|  | <input type="checkbox"/> Heart murmur        | _____                                    |

**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.

3C Rev 3/06

Revised: March 22, 2012

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- ☐ Is caused by a bump, blow, or jolt to the head or body.
- ☐ Can change the way a student's brain normally works.
- ☐ Can occur during Practices and/or Contests in any sport.
- ☐ Can happen even if a student has not lost consciousness.
- ☐ Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- ☐ Headache or "pressure" in head
- ☐ Nausea or vomiting
- ☐ Balance problems or dizziness
- ☐ Double or blurry vision
- ☐ Bothered by light or noise
- ☐ Feeling sluggish, hazy, foggy, or groggy
- ☐ Difficulty paying attention
- ☐ Memory problems
- ☐ Confusion

#### What should students do if they believe that they or someone else may have a concussion?

☐ **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.

☐ **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.

☐ **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- ☐ Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:  
The right equipment for the sport, position, or activity;  
Worn correctly and the correct size and fit; and  
Used every time the student Practices and/or competes.
- ☐ Follow the Coach's rules for safety and the rules of the sport.
- ☐ Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

Check out our website: [www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)



I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEMPFIELD SCHOOL DISTRICT**  
**Landisville, Pennsylvania**  
Substance Use Regulations for Students in Extracurricular Activities

Hempfield School District provides students the opportunity to participate in many athletic programs and other extracurricular activities. Participation in such activities is a privilege and not a right.

In an attempt to protect the health and well-being of our students, and the integrity of activities, Hempfield School District has established regulations to discourage substance use. Parents and educators must instruct young people about abuse, discipline those who choose to use prohibited substances, and emphasize training and practice rather than the use of chemicals to improve performance.

A student who comes in contact with drug or alcohol use should leave that location IMMEDIATELY to avoid temptation and eliminate suspicion.

Any student who possesses, uses, or distributes drugs, unprescribed anabolic steroids, or alcohol will be suspended from all extracurricular activities and will be referred immediately to the student assistance team for review. The student assistance teams are composed of school personnel with special training in adolescent chemical dependency, intervention, and after care. The teams have established school-wide intervention procedures for referring "at risk" students who demonstrate problems with drugs/alcohol. Intervention procedures include identification of students, collection and review of pertinent data, referral for assessment and evaluation, and participation in support programs.

If the offense occurs during the school year, the suspension from participation in extracurricular activities shall be for a period of sixty (60) calendar days from the date of the administrative decision. If the school year concludes before the sixty (60) day suspension has been completed, the suspension will continue at the beginning of the next school year. Offenses occurring during the summer months when the student is participating in activities under the supervision of district personnel will result in immediate removal from extracurricular activities, and the sixty (60) calendar day suspension shall begin with the first day of school. This suspension shall be reduced to forty (40) calendar days upon successful completion of an underage drinking and substance abuse program approved by the school district. The cost of such program shall be the responsibility of the student.

During the regular school year these regulations are in effect twenty-four (24) hours per day, seven (7) days per week for all students, and extend to summer months when students are participating in school activities under the supervision of district personnel. Students suspended will be ineligible for any awards or recognition for the activity from which they were removed. Officers of school organizations will be removed from their office for the year. During the period of suspension, students will not be permitted to participate in any school activities which are not part of the instructional program, including those which extend beyond the school day. Students may participate in extracurricular activities following the suspension if permitted by the organization's by-laws. Those suspended must attend a conference held with the house principal, athletic director, advisor/coach, student assistance team representative, and parent. A complete report will be filed with the athletic director/activity advisor and principals.

A second, and each subsequent offense, will constitute suspension from participation in all extracurricular activities for 365 days from date of the administrative decision. A student wishing to participate in extracurricular activities at the conclusion of the suspension shall undergo assessment to determine if follow-up treatment is required. Any recommended treatment must be successfully completed prior to resuming participation in extracurricular activities.

Athletic teams may establish additional guidelines through their training rules with the approval of the School District's Athletic Director. Organizations may also establish additional guidelines through their constitutions and by-laws.

**I hereby acknowledge and accept the conditions listed above.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Sport or Activity

5/2/07

## VOLUNTEER INFORMATION

Thank you for allowing your son or daughter to participate in the amazing sport of ice hockey! Our organization is unique in that it is not a school sanctioned sport, but supported by the Hempfield Ice Hockey Club! This club exists solely due to volunteers, both parents and alumni who love the game and are committed to making sure that the Hempfield Ice Hockey tradition continues!! Without the Board and the many volunteers, the club would not exist. We are asking that **each family volunteer for at least one task or committee**. The volunteer opportunities and descriptions are listed below. Please sign up for one or more opportunities by putting your name by the jobs that you would help with this year!

Player Name: \_\_\_\_\_

Volunteer Opportunity	Description	Name/ Contact Information
Board Members	Attend monthly meetings, potential to serve on the executive committee, participate in the oversight of club operations.	
CPIHL Representative	Attends Monthly CPIHL meetings and provides a report of the minutes to the Board of Directors each month	
Player Registrar Committee	Organizes Registration meetings and registration materials for Parent meeting. Assures that all registered players have provided all necessary forms, insurance information and USA hockey registration. Submits necessary forms to the CPIHL as regulated in order to roster Hempfield teams. Works with coaches, assistants and managers to assure all are registered with USA hockey. Submits all USA hockey registration numbers to the CPIHL, Notifies coaching staff if any players are ineligible to skate based upon missing documentation. Provides the club secretary, coaches, managers and all necessary individuals with final rosters, contact information. Submits the Drug and Alcohol forms to the Athletic Director of HHS and provides each team manager with copies of each player's registration packet.	
Assistant with on ice activities	Head Coach determines the number of assistants as well as the role of each. Certifications required will be dependent upon level of responsibility.	
Team Manager	At least one per team. Responsible for organizing and coordinating activities associated with each team such as distribution of game schedules, signing players at games, assigning all game volunteers, assuring that all volunteers have sufficient clearances for jobs assigned, carrying all player information to each game in the event documentation is needed. Responding to coaching staff requests.	
Web Master	Updates the organization's website with game and practice schedules, player rosters and stats throughout the season. Works with the CPIHL representative to insure game stats recorded through Point Streak are accurate. Forwards discrepancies to the League in a timely manner.	

Check out our website: [www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)

	Forwards announcements to appropriate schools prior to and immediately following each game.	
Apparel	Presents Uniform Information at the spring Registration meeting. Takes orders for all new uniforms needed. Places orders and distributes to team members. Organizes spirit wear orders, collects orders and payments then distributes merchandise. Works with the Banquet committee for end of year player gifts.	
Grocery Card Committee	Works closely with the treasurer to manage the Grocery Card program. Sells Grocery Cards, collects monies and reconciles the cards and monies on a monthly basis. Monthly report of Grocery Card activity is reported to the board through the treasurer report.	
End of Year Banquet	Plans end of year banquet including date, location and menu. Determines the cost of non-participants to cover the overall banquet total. Organizes coaches and team gifts to be distributed the night of the banquet. Works with the Apparel committee to order the player gifts.	
Ad Book/ Program Committee	Organize and plan production and printing of the yearly Ad Book. Presents information at the spring Registration meeting regarding the sale of Advertisements for the Ad Book.	
Senior Night	Organizes and plans Senior Night activities. Works with the Board of Directors in choosing the date and the budget.	
Ice Scheduler	Works with the Ice Rink to establish practice Ice Slots for all Hempfield teams. Will notify the rink when practice slots will not be utilized.	
Game Day Volunteers	<p>Work with Team Managers to be sure all duties are covered or each game. The duties include:</p> <p><b>Yellow Jackets</b> – serve as “security” for games – 2 needed each game.</p> <p><b>Penalty box attendant</b>- tends the penalty box – opens and closes the door as needed.</p> <p><b>Clock Operator</b> – operates the game clock for home games.*Are you trained or willing to be trained to operate clock?</p> <p><b>Scorekeeper</b> – keeps score and state sheets using PointStreak – home games.*Are you trained or willing to be trained on PointStreak?</p> <p><b>Announcer</b> – makes announcements during home games.</p> <p><b>Gate attendants</b> – collects entrance fees for home games. Must be at the table ½ hour before game time and remain at table until the end of the first period.</p> <p><b>Locker Room Attendant</b>-Must obtain or have clearances through USA hockey. Must stand outside of the locker rooms at any time any child is in the locker room as per SafeSport guidelines.</p>	

**HIHC Board Meetings are held on the 4<sup>th</sup> Tuesday, each month** of the school year at Landisville Middle School 7:00 pm. During the summer months, the meetings are held at the home of one of the board members!! All are welcome to attend!! **CPIHL meetings are held on the 2<sup>nd</sup> Thursday of each month.**

Check out our website: **[www.thehempfieldicehockey.org](http://www.thehempfieldicehockey.org)**

## **Grocery Gift Card Sales**

Weis and Giant Grocery Gift Cards are available to purchase for \$50 or \$100 through the club. For each card you sell, 5% will be credited to your account.

\$2.50 is credited to your account for each \$50 card sold.

\$5.00 is credited to your account for each \$100 card sold.

Grocery Cards can be bought year round. We encourage you to purchase them for yourself and also get family and friends to regularly purchase them from you. You will be surprised how quickly your account balance grows. It is possible to pay for most, if not all, of your club fees (season fees/jerseys & socks/apparel orders/end of season banquet) with grocery gift card money. You only need to notify the club treasurer to apply the amount in your account toward your fees.

## **Grocery Gift Card Contact Persons**