

SCC Ice Hockey Club Player Information 2019 – 2020 Season

A) Player Eligibility

- a. Players must be students, in good standing, attending SCCC
- b. Matriculated students must maintain an overall GPA of 2.0
- c. Players must be registered for a minimum of Nine (9) credit hours of study per semester
- d. Players must be in good standing in regard to paying of team fees.
- e. Players must be in competitive health and approved for contact sports
- f. Players must meet the team's financial obligations for participation

B) Player Insurance

- a. Principle Coverage
 - i. Players and/or their parents must have principle health and emergency coverage for attendance at a College and for participation in intercollegiate sports. This policy and any requirements for providing care must be met prior to a claim on one or more of the umbrella policies. Players assume the risk of participation in a contact sport and are solely responsible for proper coverage.
- b. USA Hockey Player Coverage
 - i. The Club registers the team under USA Hockey and insures the players while participating within team and/or club functions, such as games, practice and meetings.
 - ii. USA Hockey insurance only provides umbrella coverage for members of the team (e.g. the player's principle health care policy must be used first).
 - iii. It is the player's responsibility to file any claims and/or documentation required for reimbursement to any of the insurance carriers.
 - iv. At the request of the College, the standard coverage under USA Hockey has been extended to meet the coverage limits within the College's Athletic Insurance for contact sport teams.
- c. SCC Association Club Sport Coverage
 - i. Through the Athletic Department, the SCC Association will provide umbrella coverage above the Player's Principle Coverage and USA Hockey Player Coverage.

C) Team Conduct

- a. Player's must follow the rules of Ice Hockey outlined under the USA Hockey Rules of Hockey, the NCAA Rules of Hockey and/or the following organization's rules or by-laws: SCC Ice Hockey Club, NJCAA, MCHC and ACHA.
- b. The SCC Ice Hockey Club and other organizations may dictate fines for game suspensions and disqualifications. Any fines assessed to a player, are the players responsibility to reimburse the team for the infraction.
- c. Players not maintaining a reimbursement schedule will be suspended from future play and/or removed, without any reimbursement of team fees.
- d. Players involved in any unlawful act, any violent or inappropriate behavior; on or off-ice, will be removed from the team without reimbursement.

D) College/Team Conduct

a. The College Student Handbook outlines the proper code of conduct while attending classes and/or participating in a College sponsored activity. The player agrees to meet these requirements while participating in any team function, such as games, practices, and meetings, and including any travel periods, locker room usage, and at any function or event attending as a member of the team.

E) Equipment Requirements

- a. The player is solely responsible for providing appropriate equipment for playing collegiate-level ice hockey. Players must have skates, leg pads, jock, pants, chest + shoulder pads, elbow pads, gloves, mouth guard, and helmet. Goaltenders must have the approved skates, legs pads, goalie pants, jock, catching glove, blocker, chest protector and helmet. All players must provide their own sticks and have two available for game play.
- b. As part of new player fees the following will be provided: Home and Away Jersey and Socks, pant covers, and warm-up suit (jacket and pants).
- c. All supplied equipment is the property of the player and must be maintained in game conditions as per the rules. Jerseys must be cleaned in between games and must be sanitized to remove any bloodstains.
- d. The ACHA requires that the helmets match in color and players are requested to either use existing equipment or purchase new equipment matching the teams color (i.e. Blue or Black).
- e. All equipment must meet USA Hockey performance and protection requirements. Damaged equipment is the responsibility of the player to replace, except jerseys damaged during game play.
- F) Time and Preparation Requirements
 - a. Attendance at Practice Sessions is mandatory and will be used to determine a player's participation in games.
 - b. Players will be prepared for Practice Sessions at the designated time with full equipment and wearing a non-game jersey. (15 minutes prior to ice time)
 - c. Players who have classes or work schedules that conflict with or overlap the Practice Sessions will be given consideration but must come to the portions that do not conflict. No reduction in fees will be given for non-attendance.
 - d. Players will report to the team's locker room one-hour prior to any home game and will report to the designated carpool or bus pickup point at the specified time. Players that are late or cause delays will have ice time reduced or will not travel with the team.
 - e. Players are responsible for contacting the coach via phone, voice mail or email at least fourhours prior to any team practice, home game, or travel game about not attending for any nonemergency issue. Players will be notified about changes in the schedule but it the players responsibility to keep up to date schedules.



Student-Athlete's Authorization to Disclose Information in Education Records Pursuant to FERPA

I UNDERSTAND THAT MY EDUCATION RECORDS ARE PROTECTED BY THE *Family Educational Rights and Privacy Act of 1974,* and they may not be disclosed without my consent. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes stated below:

I hereby authorize the Suffolk County Community College Office of the Registrar to disclose:

- 1. information contained in my official permanent academic record;
- 2. copies of my official permanent academic record; and
- 3. specific information regarding my academic progress (attendance, academic progress, grades, etc.)

to the Director of Athletics, Assistant Director of Athletics, coach of my sport, and any other person within the College who the Office of the College Registrar, in good faith, determines has a legitimate "need to know" for the purposes of monitoring, assisting and determining eligibility for intercollegiate athletic practice and/or competition.

I understand further: (1) that such records may be disclosed only on the condition that the party to whom the information is disclosed will not redisclose the information to any other party without my written consent unless specifically allowed by law; (2) that I have the right not to consent to this release of my education records; (3) that I recognize that a copy of such records must be provided to me upon my request; and (4) that this Authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above.

A copy of this authorization shall be considered as effective and valid as the original.

NAME	SCCC ID#	
SIGNATURE	DATE	
PARENT'S SIGNATURE (IF STUDENT IS UNDER 18)	DATE	



SCC Ice Hockey Club

Team Try-Out Application 2019- 2020 Season

0	NameFirstMiddleLast
	Home #
CONTACT INFO	
ADDRESS	Street Apt. No.
A	City State Zip
щ	Major
COLLEGE	Year Freshman Sophomore
CO	Student ID #
	Height Weight Date of Birth//
BIO	Player Position Shoots
	Last Team
]	High School
	Int Rec. \$ Try-out Piney Number:
	Rec. Color:

M		Apparel O	RDER	
	TELK COUNTY COMMUNITY COLLEGE	SCC Ice	e Hockey Club	
5			Uniform/Apparel ions 2019-2020 Season	
~	Name			
PLAYER	First	Middle	Last	
PLA	Student ID #		-	
_	Jersey Size M: 🗌 L:	XL: XXL: XXXL:	Goalie:	
UNIFORM	Jersey Number: [Returning Players indic	cate last year's number, New Play	ers pick three in order of preference.]	
NU	Cover Size $46: \Box$ 48	3: □ 50: □ 52: □ 54: □		

APPAREL	

Helmet/Cloves

Warm-Up Jacket Size	М: 🗆	L: 🗌	XL: 🗌 🖸	XXL: 🗌	XXXL: 🗌
Warm-Up Pants M: □	L: 🗌	XL: 🗌	XXL: [XXXI	.: 🗆
Polo Shirt Size $M: \square$	L: 🗌	$XL: \Box$	XXL: 🗌	XXXI	🗆

Sox Size Intermediate: \Box Adult: \Box

<u>If you have Black Gloves and a Black Helmet that meet the requirement</u> <u>These items are optional</u>								
Helmet	$M: \Box L: \Box XL: \Box XXL: \Box XXXL: \Box$							
Gloves	12: 🗌 13: 🗌 14: 🗌 15: 🗌							



STUDENT-ATHLETE TRAVEL AGREEMENT

Name of Student: ______ Team: _____

Semester/Year:

By completing and signing this form, I acknowledge and accept the following responsibilities:

1. I agree to act as an ambassador and representative for Suffolk County Community College (SCCC) and follow all the directions and instructions of my coaches while on this trip.

2. I understand that as a member of this SCCC athletic team, I am bound by team rules and the SCCC Student Code of Conduct during the extent of any trip away from campus. This is not limited only to the time that I am participating in athletic practices or contests but at all times.

3. I shall observe all rules and regulations of the school and/or facility that our team is visiting.

4. I will observe all restaurant and hotel rules and regulations and exhibit proper behavior to all personnel and guests at those establishments.

5. I understand that under no circumstances will I be permitted to use alcohol or any other controlled substances not approved by the college while representing SCCC on this trip.

6. I understand that I will be responsible for any theft, unwarranted damage or destruction of hotel/restaurant property or property at the facility being visited.

7. Unauthorized use, entry or occupancy of any hotel rooms or facilities is expressly prohibited.

8. I understand that it is my responsibility to notify my professors in advance that I will be making this trip and to discuss with them any arrangements for making up work or exams.

9. I understand that if I do not abide by these regulations and requirements or exhibit inappropriate behavior, I will be sent home immediately at my own expense and will accept all subsequent disciplinary actions.

10. I understand that the college is paying for my airplane ticket and hotel. If I decide I do not want to go I will reimburse the college for the price of the airplane ticket and hotel room .

I have read this statement and understand the responsibilities outlined above.

Name (Print)

Signature/Date

 Department of Intercollegiate Athletics

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 Michael J. Grant Campus

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 Brentwood, NY 11717

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 O (631) 851-6706

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 F (631) 273-6475



PRE-PARTICIPATION PHYSICAL EXAMINATION REPORT ATHLETIC PHYSICAL INFORMATION

(TO BE COMPLETED, SIGNED AND DATED BY PHYSICIAN)

		Sport:								
Student Athlete's Name:										
				Date of Birth:						
Height:	Weight:	Underweight:	Overweight:							
				Chest:						
General Appearance:			Skin:							
Scars, Deformities of Body	, etc.:									
Eyes:										
Ears:		Throat:		Neck:						
Thyroid:		Sinuses:		Mouth:						
Lymph Nodes:		Neu	urological:							
Rhythm:			Breasts:							
Remarks:										
Abdomen: Tenderness:				rinalysis: Pro:						
				Glu:						
Extremities: Reflexes:			Fee	t:						
			Varicose Veins	5:						
NJURIES OR OTHER? YES_ F YES, WHY? PHYSICIAN'S REMARKS: FOLLOW-UP RECOMMEND/										
M.D. Signature:			M.D. License N	o.:						
M.D. Signature:				<mark>o.:</mark>						



DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

PRE-PARTICIPATION PHYSICAL EXAMINATION QUESTIONNAIRE

(TO BE COMPLETED, SIGNED AND DATED BY STUDENT ATHLETE)

		YES	NO								YES	
1.	Have you had a medical illness or injury since your last									orrective equipment or		
	Check-up or sports physical?			Devices that aren't usually used for your sport or position								
2.	Have you ever been hospitalized overnight?			(For example, knee brace, foot orthotics, retainer on your teeth,								
3.	Have you ever had surgery?			Hearing aid)?								
4.	Are you currently taking any prescription or non-prescription			28. Have you ever had any problem with your ears or hearing?								
	(Over the counter) medications or pills or using an inhaler?			29. Do you tire more easily than you feel you should?								
5.	Have you ever taken any supplements or vitamins to help			30. Have you ever had any problems with your eyes or vision?								
	You improve your performance?			31. I	Have	e you e	ever ha	ad dental health	h proble	ems?		
6.	Do you have any allergies (for example, to pollen, medicine,			32. I	Have	e you e	ever ha	ad broken or fra	actured	l any bones		
	Food or stinging insects)?			(Or d	lislocat	ed any	joints or been	diagno	osed with a		
7.	Have you ever had a rash or hives develop during or				Stre	ss frac	ture?	-				
	After exercise?			33. H	Have	e you e	ever ha	ad a sprain, stra	ain, or s	swelling after injury		
8.	Have you ever been dizzy or passed out during or after									elling in muscles,		
	Exercise?			1	Ten	dons, b	ones,	or joints that h	ave ke	pt you from		
9.	Have you ever had chest pain during or after exercise?			F	Part	icipatin	ng in s	ports?				
10	. Have you ever had high blood sugar (diabetes)?			If ye	S, C	heck a	ppropr	riate box and e	xplain l	below.		
11	. Have you ever been diagnosed with anemia?					ad		Elbow		Hip		
	. Have you ever had racing of your heart or skipped heartbeats?				Ne	ck		Forearm		Thigh		
	B. Have you had high blood pressure?				Ba	ck		Wrist		Knee		
	. Have you ever been told you have a heart murmur?				Ch	est		Hand		Shin/Calf		
	b. Has any family member or relative died of heart problems or				Sh	oulder		Finger		Ankle		
	Of sudden death before age 50?				Up	per An	m	Ū.		Foot		
16	6. Have you had a severe viral infection (Mononucleosis?			FEN	IAL	ES ON	ILY					
	or Hepatitis) or an enlarged liver or spleen?			34.1	Has	there	been a	a recent change	e in me	nstrual patterns?		
17	. Has a physician ever denied or restricted your participation in			35. /	At w	hat ag	e did y	ou experience	your fi	rst menstrual period?		_
	Sports for any heart problems?			36.1	Whe	en was	your n	nost recent me	Instrual	period?//		
18	B. Have you ever been diagnosed with blood or bleeding									om the start of one?		
	Disorders?							of another?				
19	. Have you ever had a kidney or bladder problem or an absence of?			38.1	How	many	period	ds have you ha	d in the	e last year?		
	A paired organ?			39.1	Wha	at was	the lon	igest time betw	een pe	eriods in the last year?		
20). Have you ever had a head injury or concussion?							ers (If Necessar				
	. Have you ever been knocked out, become unconscious, or											
	Lost your memory?				_		-					
22	2. Have you ever had a seizure or convulsion?								_			
23	B. Do you have frequent or severe headaches?			_		_						
	. Do you cough, wheeze, or have trouble breathing during or											
	After activity that prevents you from playing?											
25	5. Do you have asthma or lung disease?				-							
	b. Do you have seasonal allergies that require medical treatment?											
	, ,											

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

NAME (PRINT)

SCCC ID#

SIGNATURE

DATE