



# SCC Ice Hockey Club

## Player

### Information 2021 – 2022 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 four-hours prior to any team practice, home game, or travel game about not attending for any non-emergency 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 2021-2022  
Season

CONTACT INFO

Name \_\_\_\_\_

First

Middle

Last

Home # -- Cell # --

E-mail address

ADDRESS

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COLLEGE

Major \_\_\_\_\_

Year Freshman  Sophomore

Student ID # \_\_\_\_\_

BIO

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Player Position \_\_\_\_\_ Shoots \_\_\_\_\_

Last Team \_\_\_\_\_

High School \_\_\_\_\_

-----For Office Use-----

Cash Amount Rec. \$ \_\_\_\_\_

Try-out Piney Number: \_\_\_\_\_

Date Pmt Rec. \_\_\_\_\_

Check # \_\_\_\_\_

Color: \_\_\_\_\_



# Apparel ORDER

## SCC Ice Hockey Club

Player Uniform/Apparel  
Selections 2021-2022  
Season

PLAYER

Name \_\_\_\_\_  
First Middle Last

Student ID # \_\_\_\_\_

UNIFORM

Jersey Size M:  L:  XL:  XXL:  XXXL:  Goalie:

Jersey Number: \_\_\_\_\_  
[Returning Players indicate last year's number, New Players pick three in order of preference.]

Cover Size 46:  48:  50:  52:  54:

Sox Size Intermediate:  Adult:

APPAREL

Warm-Up Jacket Size M:  L:  XL:  XXL:  XXXL:

Warm-Up Pants M:  L:  XL:  XXL:  XXXL:

Polo Shirt Size M:  L:  XL:  XXL:  XXXL:

Helmet/Cloves

**If you have Black Gloves and a Black Helmet that meet the requirement**  
**These items are optional**

Helmet M:  L:  XL:  XXL:  XXXL:

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*  
*Ammerman Campus*  
*533 College Road*  
*Selden, NY 11784*  
*O (631) 451-4380*  
*F (631) 451-4604*

*Michael J. Grant Campus*  
*1001 Crooked Hill Road*  
*Brentwood, NY 11717*  
*O (631) 851-6706*  
*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: \_\_\_\_\_ SCCC ID #: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Underweight: \_\_\_\_\_ Overweight: \_\_\_\_\_ Remarks: \_\_\_\_\_

Heart: BP \_\_\_\_\_ Rate: \_\_\_\_\_ Chest: \_\_\_\_\_

General Appearance: \_\_\_\_\_ Skin: \_\_\_\_\_

Scars, Deformities of Body, etc.: \_\_\_\_\_

Eyes: \_\_\_\_\_ Nose: \_\_\_\_\_ Head: \_\_\_\_\_

Ears: \_\_\_\_\_ Throat: \_\_\_\_\_ Neck: \_\_\_\_\_

Thyroid: \_\_\_\_\_ Sinuses: \_\_\_\_\_ Mouth: \_\_\_\_\_

Lymph Nodes: \_\_\_\_\_ Neurological: \_\_\_\_\_

Rhythm: \_\_\_\_\_ Breasts: \_\_\_\_\_

Remarks: \_\_\_\_\_ Lungs: \_\_\_\_\_

Abdomen: Tenderness: \_\_\_\_\_ Urinalysis: Pro: \_\_\_\_\_

Glu: \_\_\_\_\_

Extremities: Reflexes: \_\_\_\_\_ Feet: \_\_\_\_\_

Joints: \_\_\_\_\_ Varicose Veins: \_\_\_\_\_

**DATE OF PHYSICAL EXAMINATION:** \_\_\_\_\_

**SHOULD THIS STUDENT BE RESTRICTED IN ANY PHYSICAL ACTIVITIES OR INTERCOLLEGIATE SPORTS DUE TO ANY PRE-EXISTING CONDITIONS, INJURIES OR OTHER? YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, WHY?** \_\_\_\_\_

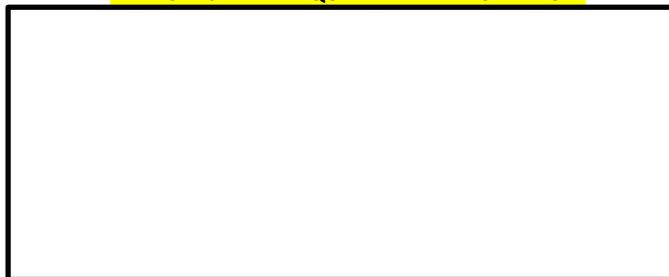
**PHYSICIAN'S REMARKS:** \_\_\_\_\_

**FOLLOW-UP RECOMMENDATIONS:** \_\_\_\_\_

**M.D. Signature:** \_\_\_\_\_ **M.D. License No.:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL STAMP REQUIRED IN THE BOX BELOW**





DEPARTMENT OF INTERCOLLEGIATE ATHLETICS

PRE-PARTICIPATION PHYSICAL EXAMINATION QUESTIONNAIRE

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

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last Check-up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you use any special protective or corrective equipment or Devices that aren't usually used for your sport or position (For example, knee brace, foot orthotics, retainer on your teeth, Hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you ever had any problem with your ears or hearing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you tire more easily than you feel you should?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking any prescription or non-prescription (Over the counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever taken any supplements or vitamins to help You improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	31. Have you ever had dental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any allergies (for example, to pollen, medicine, Food or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had broken or fractured any bones Or dislocated any joints or been diagnosed with a Stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a rash or hives develop during or After exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you ever had a sprain, strain, or swelling after injury or any other problems with pain or swelling in muscles, Tendons, bones, or joints that have kept you from Participating in sports?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been dizzy or passed out during or after Exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below.</i>		
9. Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
10. Have you ever had high blood sugar (diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
11. Have you ever been diagnosed with anemia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
12. Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
13. Have you had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
14. Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/> Foot
15. Has any family member or relative died of heart problems or Of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>		
16. Have you had a severe viral infection (Mononucleosis? or Hepatitis) or an enlarged liver or spleen?	<input type="checkbox"/>	<input type="checkbox"/>	34. Has there been a recent change in menstrual patterns?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has a physician ever denied or restricted your participation in Sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	35. At what age did you experience your first menstrual period? _____		
18. Have you ever been diagnosed with blood or bleeding Disorders?	<input type="checkbox"/>	<input type="checkbox"/>	36. When was your most recent menstrual period? ___/___/___		
19. Have you ever had a kidney or bladder problem or an absence of? A paired organ?	<input type="checkbox"/>	<input type="checkbox"/>	37. How much time do you usually have from the start of one? Period to the start of another? _____		
20. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	38. How many periods have you had in the last year? _____		
21. Have you ever been knocked out, become unconscious, or Lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	39. What was the longest time between periods in the last year? _____		
22. Have you ever had a seizure or convulsion?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Explain "Yes" Answers (If Necessary)</i>		
23. Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
24. Do you cough, wheeze, or have trouble breathing during or After activity that prevents you from playing?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
25. Do you have asthma or lung disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
26. Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

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
PARENT'S SIGNATURE (IF STUDENT IS UNDER 18)	DATE