Sign up now to participate in the 15th (all but once) annual

Greenwich Middle Schools

Ice Hockey Challenge

A round robin NON-CHECKING tournament featuring teams from
Eastern, Central and Western Middle Schools.

This tournament is held just for fun and the chance to play on the same team with your school buddies from other hockey clubs and is
Officially sponsored by **Everybody Wins Foundation, Inc.,**
a non-profit organization dedicated to raising money for local charities by hosting fun sporting events.
ALL PROCEEDS FROM THIS EVENT WILL GO TO THE GHS HOCKEY BOOSTER CLUB FOR THE BENEFIT OF THE BOYS VARSITY AND JV PROGRAMS AND THE GIRLS VARSITY PROGRAM AT GHS.

Every team is guaranteed 4 games!

All games will be held at **Dorothy Hamill Rink**.

Mon., March 2, 2015 @ 3:45 – 5:15 pm	Central MS vs. Western MS
Mon., March 2, 2015 @ 5:30 – 7:00 pm	EMS (White) vs. EMS (Green)
Wed., March 4, 2015 @ 5:15 - 6:45 pm	Western MS vs. Eastern MS (Green)
Wed., March 4, 2015 @ 7:00 - 8:30 pm	Central MS vs. Eastern MS (White)
Mon., March 9, 2015 @ 3:45 – 5:15 pm	Western MS vs. Eastern MS (White)
Mon., March 9, 2015 @ 5:30 – 7:00 pm	Eastern MS (Green) vs. Central MS
Thurs., March 19, 2015 @ 5:15 – 6:45 pm	Bronze Medal Game
Thurs., March 19, 2015 @ 7:00 – 8:30 pm	Gold Medal Game

If there are any schedule changes due to weather or other reasons we will communicate with you via email!

To play:
Send in the completed and signed GHS HOCKEY BOOSTER CLUB GMSIHC Consent and Waiver forms and the GMSIHC tournament registration form (both available by email or in your school office) and the $60 entry fee – (make the check payable to: **GHS HOCKEY BOOSTER CLUB)** to:

Laura Fox Macken
15 Birdsong Place
Riverside CT 06878
No later than Friday, February 27

If you have any questions, please contact Laura Fox Macken (203 561-0919) To reserve your spot, you may email a PDF of your registration to Laura at laura.fox@us.pwc.com .

Greenwich Middle Schools Ice Hockey Challenge 2015

sponsored by Everybody Wins Foundation, Inc.

Be Safe. Play Fair. Have Fun. Get Better.

Tournament Rules

The tournament will use a round robin format with each team playing each other team once. The two teams with the best records will play each other in a championship game. The other two teams will play each other in a consolation game.

All players must be properly registered with USA Hockey or Dorothy Hamill House League **and** must submit signed waivers and registration forms to GHS Hockey Booster Club **and must be** in full equipment to participate.

Game Rules

No Checking. Serious offenders may be ejected from the game and/or suspended from the tournament.

Slapshots will be allowed with the stick kept below the waist.

One and a half minute shifts - changes will be made only at the end of the scheduled shifts (unless a player cannot finish his/her shift). This is to insure that players are matched up against opponents of equal age, size and ability whenever possible. **Periods** are 15-20 minutes long. **Minor Penalties** are 1 minute and will be carried over into the next shift that the offending player would have played.

To register submit materials below
BEFORE: **Friday February 27, 2015**

1) Completed GMSIHC registration form. Be sure to fill in ALL the required information.
2) Completed and signed GHS HOCKEY BOOSTER CLUB GMSIHC Consent and Waiver Form.
3) $60 Participation fee – make the check payable to GHS HOCKEY BOOSTER CLUB.

Return the forms and check to GHS HOCKEY BOOSTER CLUB
c/o: **LAURA MACKEN**

Donations are sorely needed and much appreciated – without funding we may not be able to continue the tournament.

ROSTERS WILL BE LIMITED TO NO MORE THAN 20 PLAYERS PER TEAM PER GAME.

PREFERENCE WILL BE GIVEN TO 8TH GRADERS, THEN 7TH GRADERS, THEN 6TH GRADERS.

REGISTRATION INFORMATION FORM	
Full Name as it appears on your birth certificate	
Date of Birth	
Street Address (Home)	
City, ST Zip Code	
Country of citizenship	
Home Phone/Cell Phone	
Best Email Address to use (Please print or type)	
School and grade	
Mother's Name	
Father's Name	
Current Hockey Program, level and team: (ex. Greenwich Blues Peewee A or Hamill JR Youth)	
Preferred Position (goalie, defense or forward):	
KNOWN CONFLICTS (Cross out dates you can't play)	3/2 ; 3/4 ; 3/9 ; 3/19

To complete your registration, send an email from the email address above to joemrogers@aol.com cc to laura.fox@us.pwc.com. Include player's name and school in the subject line.

Greenwich Middle School Challenge

March 2, 2015, March 4, 2015, March 9, 2015 and March 19, 2015

Release of Liability/Acknowledgement of Risk

I/we understand that participation in or observation of the sport of ice hockey constitutes a risk to me/us of injury and or serious injury, including without limitation permanent paralysis or death.

I/we voluntarily recognize, accept and assume these risks and release and agree to hold harmless Greenwich High School, Hamill Ice Rink, GHS Hockey Booster Club, Everybody Wins Foundation, and the 2015 organizers, officials, coaches, their officers and other representatives from any liability, suits, action, claims, costs, expenses (including medical and legal expenses), damages, losses of any nature now or later arising out of or directly or indirectly related to participation, observation, presence by anyone, in, of, or at the sport or related to activities, or medical treatment or procedure arising out of any of the above.

Print Player's Name: _____
Player's Signature: _____ Date: _____
Print Parent Name: _____
Parent Signature: _____ Date: _____

Emergency Medical Authorization

Consent to treat for:

(Print Player's Name) _____

D.O.B.: _____

I hereby give my consent for the administration of any emergency treatment deemed necessary or recommended by the available licensed physician or dentist for the above mentioned athlete for any injury that could arise from participation in 2015 Greenwich Middle School Ice Hockey Challenge.

Parent Signature: _____ Date_____
Home Number: _____
Cell Number_____
Home Address:
_____

Grade 2014/2015: _____

Above said athlete is covered by the following insurance company:
Name of Carrier: _____
Policy #: _____
Any known allergies, or medical conditions:
_____
_____