

Sign up now to participate in the annual

# 2024 Greenwich Middle Schools Ice Hockey Challenge

A round robin **NON-CHECKING** tournament featuring teams from Central, Eastern 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. All players must be currently enrolled at CMS, EMS, or WMS to play.

The event is officially sponsored by The Greenwich Boys Ice Hockey Booster Club.

**Every team is guaranteed a minimum of 3 games**

All games will be held at Dorothy Hamill Rink.

Date & Time	Groupings TBD
MON, March 11 <sup>th</sup> 4:00 pm - 7:15 pm	
WED, March 13 <sup>h</sup> 5:30 pm - 8:45 pm	
THU, March 14 <sup>th</sup> 4:00 pm – 7:15 pm	

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

## TO PLAY

Please register and pay via [greenwichcardinalhockey.com/middle-school-challenge](https://greenwichcardinalhockey.com/middle-school-challenge)

Download the waiver and bring to check-in. **NO WAIVER – NO ICE TIME**

Any questions please email Kristin Lisjak, [kmlisjak@gmail.com](mailto:kmlisjak@gmail.com)

You must register no later than **Sunday, March 3rd.**



# Greenwich Middle Schools Ice Hockey Challenge Rules

## **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 third-place team will play a consolation game versus a team made up of a combination of players from the two other teams.

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. **Players must wear full equipment to participate.**

## **Game Rules**

**NO CHECKING.** 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 ensure that players are matched up against opponents of equal age, size and ability whenever possible.

**Periods** are 12-15 minutes long.

**Minor Penalties** are one (1) minute and will be carried over into the next shift that the offending player would have played.

**PREFERENCE WILL BE GIVEN TO 8<sup>TH</sup> GRADERS, THEN 7<sup>TH</sup> GRADERS, THEN 6<sup>TH</sup> GRADERS.**

**BRING YOUR OWN WATER BOTTLES**

# Greenwich Middle School Ice Hockey Challenge

## 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, and the 2024 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 2024 Greenwich Middle School Ice Hockey Challenge.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade 2023/2024: \_\_\_\_\_

Above said athlete is covered by the following insurance company:

Name of Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Any known allergies, or medical conditions: \_\_\_\_\_

\_\_\_\_\_