



WELCOME TO THE PANTHERS WARRIORS HOCKEY PROGRAM!

On behalf of the Panthers Warriors, we thank you for your service to our country and we are excited for your interest in being part of the Panthers Warriors Hockey Program. We are a team-based program offering recreational therapy through the sport of hockey and friendly competition.

To join the Panthers Warriors Hockey Program, a player must have been in any branch of the US Military and have served honorably. To compete at either USA Hockey national tournaments, a player must meet the USA Hockey Warrior Eligibility requirements (USA Hockey Warrior Eligibility to follow).

Panthers Warriors Hockey is a proud sub-licensee of the NHL Florida Panthers hockey team. Our partnership with the Florida Panthers is particularly important to our program. While there are at least 36 Warrior programs throughout the US, not every Warrior program has a relationship with their local NHL team.

As you may or may not know, the NHL Florida Panthers is a team with deep roots with the military. The Owner & Governor (Mr. Vincent Viola), President (Matthew Caldwell), Chief Operating Officer (Sean McCaffrey) and the General Manager of the Panthers IceDen (Keith Fine) are all former military. Although we may skate at other local rinks, our home ice rink is the Panthers IceDen in Coral Springs.

Now down to business: Attached to this letter are the following forms that need to be completed (as much as possible) and returned by email newplayer@pantherswarriorshockey.org or handed to Gary Roskin, Nick Butterworth or Richard Amaral as a prerequisite to attending your first on-ice activity with the Panthers Warriors.

1. **Panthers Warriors Player Registration**
2. **Panthers Warriors Code of Conduct**
3. **USA Hockey Consent to Treat**

INCLUDE WITH THE ABOVE COMPLETED FORMS

4. A Copy of your current year USA Hockey Membership Registration (if you are not USA Hockey registered, you can wait until your registration is processed)
5. **Your DD-214** (Please Redact your SS#) (<https://www.va.gov/records/get-military-service-records/>)
6. A copy of your **VA Medical Award Letter** (Please Redact your SS#) (<https://www.va.gov/health-care/get-medical-records/>) or Dr.'s Letter or confirmation how you meet USA Hockey Warrior Eligibility. See Attached

For safety reasons, all players must have basic Adult League equivalent hockey skills and skating ability (assessed by Panthers Warriors Hockey coaching staff) and full ice hockey equipment. Once your registration and additional documents have been received and reviewed and you have been evaluated by the coaching staff, you will be contacted with further instructions.

We look forward to seeing you on the ice!

Respectfully,

THE PANTHERS WARRIORS HOCKEY PROGRAM



Warrior Hockey Eligibility

USA Hockey's Warrior Hockey Discipline is dedicated to injured and disabled US Military Veterans who have served our country and play the sport of ice hockey.

To be eligible you must be or have been Veterans and Members of the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard), with former Members required to have been discharged under honorable or general conditions. Any exceptions must be approved by the USA Hockey Disabled Hockey Section.

You must also meet one of the following criteria for eligibility:

1. Purple Heart.
2. VA rating of 10% or greater.
3. Medically discharged from active, reserves or National Guard.
4. Veterans with disabilities that are the result of a disease or injury incurred or aggravated during active military service.
5. Post-service disabilities that are considered related or secondary to disabilities occurring in service and for disabilities presumed to be related to circumstances of military service, even though they may arise after service.
6. Any Veteran with a disability that did not occur during Military Service and meets discharge eligibility.

Cases presenting multiple discharges of varying character will also be referred for adjudication to the USA Hockey Disabled Hockey Section.



Panthers Warriors Hockey Program Registration Form

* Denotes a Required field

Please print, Complete, Sign and

Email PDF's to: NEWPLAYER@PANTHERSWARRIORSHOCKEY.ORG or
Hand Deliver to Gary Roskin, Nick Butterworth or Rich Amaral

Please Print Clearly

PERSONAL INFORMATION

* First Name: _____ * Last Name: _____

*Nickname: _____

*Email Address: _____

*Home Address: _____ Apt: _____

*City: _____ * State: _____ Zip: _____

*Hometown (if different from current address): _____

Home Phone (____) _____ * Cell Phone: (____) _____

*Age: _____ *Birthdate: _____ *Height: _____ *Weight: _____

Single: _____ Engaged: _____ Married: _____

Spouse Name: _____

Occupation/Employer: _____

What High School Did You Attend?

_____ Grad Year: _____

Any Post HS Education?

MILITARY INFORMATION

* Branch Served (Check all that apply)

- Army (Active Duty, Reserve, National Guard)
- Navy (Active Duty, Reserve)
- Air Force (Active Duty, Reserve, National Guard)
- Marine Corps (Active Duty, Reserve)
- Coast Guard (Active Duty, Reserve)
- Other (Please Specify)

*Unit(s) Served With: _____

*Number of Years Served: _____ *Years of Service: _____

Rank (optional): _____

*(Please Check All That Apply)

I honorably served in a combat zone: _____

(Please specify where): _____

I honorably served during peacetime:

*Briefly describe your MOS:

DISABILITY INFORMATION

*(Please check all that apply)

I have a physical disability as a result of serving on active duty in any capacity.

I have a mental disability as a result of serving on active duty in any capacity.

Percentage rating of disability form the VA: _____%

*Have you ever had, or do you have now, any injury or condition that you feel may prevent you from participating in hockey?

Y N Not sure

*Have you ever had, or do you have now, any injury or condition that you feel may be aggravated by participating in hockey?

Y N Not sure

If you answered yes or not sure to either of the previous two questions, please provide a brief explanation:

*Today, do you feel that you are in good health? Y N

*Today, do you feel that you are in adequate physical shape to participate in light to moderate activity?

Y N

*** HOCKEY INFORMATION AND BACKGROUND**

*Please check the box which best describes your hockey experience (Select one):

- I am a beginner (Little or no experience skating and/or playing hockey)
- I am an intermediate (Able to skate, played youth hockey or outdoor hockey)
- I am a skilled player (Played through Bantams or JV High School)
- I am an advanced player (Varsity High School, Junior, College, or Pro)

Please circle the position you would like to play the most:

Forward Defense Goaltender

USA HOCKEY INFORMATION

All applicants please check one:

- I have paid and registered with USA Hockey
USA Hockey Member Number: _____
- I have attached a copy of my current USA Hockey registration

- I have not paid and registered with USA Hockey, but I will register after my approval to the PWHP

EQUIPMENT INFORMATION

JERSEY SIZE:

Medium Large X-Large XX-Large XXX-Large Goaltender

Jersey Number (We will try to accommodate, but do not guarantee any specific number. If all of your jersey numbers have been taken, we will let you know):

1ST CHOICE # _____ 2ND CHOICE # _____ 3RD CHOICE # _____

HOCKEY SOCKS:

26" 28" 30" 32" _____" OTHER

SHIRT SIZE (POLOS):

Medium Large X-Large XX-Large XXX-Large

WARM-UP SIZE:

JACKET: Medium Large X-Large XX-Large XXX-Large

PANTS: Medium Large X-Large XX-Large XXX-Large

HOCKEY PANTS SIZE:

Medium Large X-Large XX-Large XXX-Large

STICK - SHOOT:

Right Left Goalie

CERTIFICATION

I, (Name) _____ hereby certify that all of the information I have provided on this registration form is true to the best of my knowledge. I also understand that I participate in the **Florida Panthers Warriors Hockey Program at my own risk**. I further certify that I have registered with USA Hockey, or that I intend to do so before I take part in my first on ice session. I understand that any equipment I sign for is property of the **Florida Panthers Warriors Hockey Program** and that any equipment that I do not return will be compensated for at my expense.

*Signature of Player: _____

*Date: _____

*Printed Name: _____

FOR ADMINISTRATIVE USE ONLY

I, (Board of Directors member) _____ certify that I have reviewed this application for completeness. I certify that I have followed up with the applicant.

I _____ approve or _____ disapprove this application for the following reason:

SIGNATURE OF BOARD MEMBER: _____

DATE: _____

PRINTED NAME: _____



HEALING THROUGH HOCKEY

PANTHERS WARRIORS HOCKEY PROGRAM CODE OF CONDUCT

PLEASE PRINT, REVIEW, COMPLETE, SIGN
AND RETURN VIA EMAIL TO: NEWPLAYER@PANTHERSWARRIORSHOCKEY.ORG
OR HAND DELIVER TO GARY ROSKIN, NICK BUTTERWORTH OR RICH AMARAL

Due to the growth, visibility and formal event participation of the **Panthers Warriors Hockey** team(s), the **Panthers Warriors Hockey Program** Board of Directors has decided to require a "Code of Conduct" Policy for all Players, Coaches, Team Personnel, and team supporters consistent with **Panthers Warriors Hockey Program's** Mission Statement.

SPORTSMANSHIP: All Players, Coaches, Support Staff, and team supporters are expected to conduct themselves in a Sportsman like manner. We are all here to participate in recreation and show good sportsmanship. While we encourage people to support their team and/or teammates, the use of vulgar, rude, or inappropriate comments or gestures will not be tolerated.

ALCOHOL AND DRUG USE: Aside from prescribed drug use, drug use and unauthorized alcohol at a **Panthers Warriors Hockey Program** sponsored game or practice shall not occur at the rink facilities. Such occurrence is subject to discipline by the **Panthers Warriors Hockey Program** staff.

CONDUCT OUTSIDE OF LEAGUE ACTIVITIES: Sportsmanship extends beyond "Game Day" activities. Inappropriate comments whether verbal or written, including on social media can reflect negatively on the **Panthers Warriors Hockey Program** and its players and may be subject to disciplinary action by the **Panthers Warriors Hockey Program** Board of Directors.

VIOLENCE: Violence will not be tolerated. There is a policy governing player Fighting in the rules of USA Hockey. Coaches, Support Staff and Fans who fight or commit an Act of Violence or in the opinion of the Referees or the Head Coach are unruly, will be asked to leave the premises and may be banned from attending future **PWH** games or events.

REFEREES: The Referees are "In Charge" of calling the game. Only a Coach, through a team captain, may question a call on the ice.

SUPPORTERS OF THE TEAM: If a referee or the Head Coach feels a team supporter or supporters is being vulgar, inappropriate, or unruly, it is within the right of the referee to ask the coach of the team to speak with the team supporter or supporters. If necessary, the supporter or supporters may be asked to leave the arena and could be banned from attending future games of the team.

DISCIPLINARY ACTION: The Head Coach and/or the Board of Directors of the **Panthers Warriors Hockey Program** reserves the right to suspend, censure or otherwise discipline any player, coach or team personnel who is deemed to have violated any part of the **Code of Conduct**. A player subject to discipline may petition the Board of the **Panthers Warriors Hockey Program** for modification of the disciplinary action.

GUIDELINES FOR LIMITING OR DENYING AN ATHLETE INVOLVEMENT: 1) Admission or adjudication of involvement in abuse, neglect, sexual assault or conduct involving violence or threat of violence; 2) Record of being charged with abuse, neglect, conduct involving violence or threat of violence, or sexual assault with corroborating information; 3) Violation of the Code of Conduct/Standards of Behavior; or 4) Use, possession or distribution of illegal drugs.

PLAYER COMMITMENT AGREEMENT

I have chosen to play for the **Panthers Warriors Hockey** team for the **2020-2021 USA Hockey** covered seasons. I have read this **Code of Conduct**. I understand the commitments and sacrifices that will be asked of me as a member of my team. I promise to abide by the **Code of Conduct** and will do everything I can to uphold the mission of the **Panthers Warriors Hockey** Program while playing and representing the team and will do everything I can to help ensure the Success of the team and the program through my active participation in practice and playing schedules.

The **Panthers Warrior Hockey Program** Board of Directors will address each situation on a case-by-case basis following the above guidelines. All athletes must understand and agree to the code of conduct before participating in events and programs.

I hereby give my consent to the **Panthers Warriors Hockey program** and its Agents and Partners to photograph and film myself while playing in **Panthers Warriors Hockey** sponsored games or practices for media use, and without limitation to use any pictures, films and/or stories in connection with **Panthers Warriors Hockey** activities without consideration of any kind.

I understand there is a risk of injury from participating in the sport of hockey. I knowingly and freely assume all such risks and will not hold the **Panthers Warriors Hockey** Board, coaches, volunteers, officials or sponsors liable for any injury I might incur.

Non-Name Panthers Warriors Hockey jerseys & hockey socks, (both home and away), are property of the **Panthers Warriors Hockey** team. If you are loaned both or either, please return the jersey and socks to the **Panthers Warriors Hockey** General Manager after use. **Panthers Warriors Hockey** jerseys (Home and Away) are available for purchase. Jersey numbers need to be approved and orders are through the **Panthers Warriors Hockey** Program’s General Manager.

I _____ have read and understand the **Panthers Warriors Hockey Program Code of Conduct** above and agree to and will comply with the provisions stated.

Player’s Signature

Date

Print Name

Jersey # (Requested)



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 \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

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
<i>(concussion, skull fracture)</i> | <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.