



DELCO PHANTOMS

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Phantoms Ice Hockey Club
2017-2018 Season

DELCO PHANTOMS PLAYER INFORMATION & AUTHORIZATION TO TREAT

Player Name:	Are you a returning Phantom:
Birth date:	Team last year:
Address:	Jersey #:
	Position:
Phone:	
Email:	

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

Name:	Relationship:
Daytime phone:	Evening Phone:
Name:	Relationship:
Daytime phone:	Evening Phone:

MEDICAL INSURANCE INFORMATION: Please complete if athlete is covered:

Insurance Company:	Telephone:
Address:	
	Policy Number:
Name of Policy Holder:	Relationship to Athlete:
Signature:	

HAVE YOU EVER HAD OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING?

If the answer to any of the following questions is yes, please describe the problem and its implications for first aid treatment on the reverse side of this page.

Fainting spells	Yes	No	Hernia	Yes	No	Injuries to:		
Convulsions, Epilepsy	Yes	No	Diabetes	Yes	No	Shoulder	Yes	No
Neck or Back Injury	Yes	No	Heart murmur	Yes	No	Knee	Yes	No
Asthma	Yes	No	Impaired Vision	Yes	No	Ankle	Yes	No
I high blood pressure	Yes	No	Impaired I fearing	Yes	No	Fingers	Yes	No
Kidney problems	Yes	No	Do you wear Contact lenses	Yes	No	Arm	Yes	No
Head injury (concussion, skull fracture)	Yes	No	Allergies: Please specify			Other:		
				Yes	No		Yes	No

What is the date of your most recent tetanus booster: _____

Are you currently taking any medications? _____ What? _____

Why? _____

Has your doctor placed any restrictions on your activity? _____ Explain: _____

We authorize any Team or League coach, assistant coach or official to have the above-named participant examined and/or treated by a physician and, if necessary, admitted to a hospital for medical care.

Signed: _____ Date: _____
(Athlete)

Signed: _____ Date: _____
(Parent)



**USA HOCKEY
PARTICIPANT
CODE OF CONDUCT**

NAME: _____

To be read and signed by you as a member of Team: _____

Participating in USA Hockey for the _____ season.

1. No swearing or abusive language on the bench, in the rink, or at any team function.
2. No lashing out at any official no matter what the call is. The coaching staff will handle all matters pertaining to officiating.
3. Anyone who receives a penalty will skate directly to the penalty box.
4. Fighting will not be tolerated. Fighting will result in an appearance before a Discipline Committee.
5. There will be no drinking, smoking, chewing of tobacco or use of illegal substance at any team function.
6. I will conduct myself in a befitting manner at all facilities (ice rink, hotel, restaurant, etc) during all team functions.
7. Any player or team official who cannot abide by these rules or violates them will be subject to further disciplinary action.

Signed: _____ Date: _____

DELCO PHANTOMS GIRLS TUITION 2017-18

PAYMENT PLANS ARE OVER THE SUMMER AND AS SHOWN BELOW:

LEVELS	01-May	01-Jun	01-Jul	01- Aug	01-Sept	Total Cost
U10, & U12	\$ 270	\$ 320	\$ 320	\$ 320	\$ 320	\$ 1600
U14, U16, & U19	\$ 330	\$ 380	\$ 380	\$ 380	\$ 380	\$ 1900

Members may choose to pay their tuition in full before August 1st or make monthly payments according to the schedule after they have submitted their \$100 try-out fee at registration. Players accepting a roster spot will receive a \$50 discount on their first tuition payment.

Monthly payments are to be made by the 1st of each month starting **May 1, 2017** with the final payment due **August 1, 2017**.

ROSTERS WILL NOT BE GIVEN TO THE COACHING STAFF IF ANY PLAYER HAS AN OUTSTANDING BALANCE AS OF AUGUST 1, 2017.

You can also pay with your PayPal account by using the *send money tab* to email DelcoHockeyMama@comcast.net.

Or via the link under tuition at www.delcophantoms.org

If you want to pay by cash you must make an appointment via email to meet at the rink.
Email address: DelcoHockeyMama@comcast.net

PAYMENTS CAN NO LONGER BE LEFT AT THE RINK

If making payments by check please mail to:

Delco Phantoms Ice Hockey Club
322 Catawba Drive
Logan Township, NJ 08085

STATEMENTS WILL NOT BE SENT OUT IT IS YOUR RESPONSIBILITY TO PAY YOUR TUITION ON TIME.

Delco Phantoms Youth Hockey Club, Inc.

Club Rules

- All players and parents must abide by all rules set forth by the league and USA Hockey.
- All players and parents must conduct themselves in an orderly fashion at all times.
- All players and parents will respect the coaches, officials, and any other persons directly or indirectly involved with the team.
- No player will be allowed on the ice without a black helmet and proper protective gear.
- All coaches must wear a helmet during practice.
- Make sure your skates are always sharp, equipment intact, and two sticks, properly cut and taped, ready to use for all practices and games.
- All players are required to be at the rink, ready to suit up, one hour before game time. Any player in violation will sit one period for every 15 minutes he/she is late. Second offense the player will sit the entire game, dressed in the club approved uniform.
- All players are required to be fully dressed, in the club-approved uniform, 15 minutes before practice.
- Based primarily on the discretion of the coaching staff, each player's ice time is determined by attendance, attitude, and behavior. Each player is expected to attend all practices and games, unless excused, in advance according to the reasonable notice provisions established by the Head Coach. Poor attendance, tardiness, or poor effort, attitude, or behavior will result in forfeiture of ice time and potentially further participation in club activities; eventually membership.
- A parent may not speak to a coach or coaches on any games play or decisions made by the coaches until 24 hours after the end of that game.
- Any player receiving a penalty must go directly to the penalty box without question.
- Abusive or antagonistic language or behavior, especially towards referees, coaches, parents and teammates will not be tolerated and will result in disciplinary action, including suspension, monetary penalties, or expulsion from all further club activities by the Delco Phantoms Board of Directors.

- Any player throwing any piece of equipment in anger should sit the remainder of the game.
- All players must obey all rink rules, whether home or away. A player that vandalizes any equipment or facility will be suspended for two games. Second offense four games, third offense would be immediate expulsion from the Club.
- All players and parents not obeying the rules of the team will be disciplined in a manner determined by the head coach and/or the discipline committee.
- Each player and player parents are required to first present any problems or concerns to the team's Team Manager. If the Team Manager's response is not satisfactory, appeal can then be made to the Board of Directors.
- All players will obey curfew when a curfew is imposed.
- All players are to abide by the Dress Code that set in place by the Delco Phantoms Board of Directors (all required clothing items are available in the pro shop).
- All players are required to wear only the official Phantoms jersey with sewn on name and numbers.
- All players are required to wear only the approved Delco Phantoms shell.
- All players are required to wear only the color socks that are associated with the color of jersey worn during that game.
- All players are required to wear only the approved Delco Phantoms jacket or sweat shirt or t-shirt to all home and away games.
- All players are required to wear only the approved practice jersey to all practices.



Delco Phantoms Ice Hockey Club
2017-2018 Season

GIRLS 2017-2018 SEASON JERSEY/SHELL/SOCK ORDER

You must go to the Pro Shop to be fitted. When you are fitted, the Pro Shop will collect a deposit for the uniform cost.

1. Ice Works Pro Shop will only accept forms with the proper authorization (signature) for the jersey number. Please fill out the form below with your six number selections. A \$100 deposit paid directly to Ice Works Pro Shop is required for the order to be placed.
(Estimated cost: \$80 for each jersey, \$45 shell and \$15 per sock set) *New players must order a white and a black jersey, a shell, and white and black socks.*
2. Numbers are assigned to prevent a conflict in the upcoming season and in an attempt to avoid conflicts in subsequent seasons. A player indicating six choices below may receive a number of his choice, even if that number creates a potential conflict in a subsequent season, as long as the line below is signed in acknowledgement that this player will be the one to change his number if a conflict arises and that he will pay the additional costs associated with changing the number. (You do not need to sign this line if you prefer to use an unassigned number.)

X _____

3. Rick Miller, 610-585-5168, ricksmiller@verizon.net must approve your jersey number

Player's Last Name (print clearly)

Player's First Name (print clearly)

Home Phone Number

New Member/Jersey Order

Replacement Jersey Order (Please check one)

*** Player's Birth Year: _____

JERSEY (S) Circle Jersey(s) needed: WHITE BLACK (new players need both)

JERSEY NUMBER: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

(Only fill out if you need a new Number) 4th choice: _____ 5th choice: _____ 6th choice: _____

Delco Phantoms Representative Jersey # Approval Signature: _____