

NILES RANGERS HOCKEY, 2025-2026 Season

TRAVEL HOCKEY PROGRAM

Individual Player Registration for Teams

Code: 433305



Program	Sec.	Age	Res/Non-Res
U6 MITES	01	Players born in 2019 & 2020	\$494/\$568
U8 MITES	02	Players born in 2017 & 2018	\$889/\$975
GOALIE*	G-2		\$603/\$661
SQUIRTS	03	Players born in 2015 & 2016	\$1053/\$1155
GOALIE*	G-3		\$713/\$781
PEE WEES	04	Players born in 2013 & 2014	\$1079/\$1185
GOALIE*	G-4		\$731/\$801
BANTAMS	05	Players born in 2011 & 2012	\$1149/\$1261
GOALIE*	G-5		\$777/\$851
MIDGETS	06	Players born in 2007, 2008, 2009 & 2010	\$1353/\$1485
GOALIE*	G-6		\$915/\$1005

**Goalies must have their own full set of goalie equipment to receive reduced price.
Lender goalie gear is available upon request.*

RANGERS TEAM REGISTRATION IS ONGOING UNTIL ALL LEVELS ARE FILLED.

RETURNING RANGER PLAYERS CAN REGISTER IN-PERSON OR BY EMAIL.

NEW RANGER PLAYER REGISTRATIONS MUST BE DONE IN PERSON AT THE ICELAND FRONT DESK.

Late fee of \$25 applies after Saturday, August 31. Enrollment is limited and is first-come, first-serve.

Resident Registration: August 1

Non-Resident Returning Rangers Players from Fall 2024 and /or Spring 2025: August 2

Open/New players: August 4

The Niles Park District offers installments with the “**Hat Trick Payment Plan.**” Only \$400 is required at the time of registration. The remaining balance is divided into two installments. The first installment will be processed on October 15th and the final installment will be processed on December 1st. For each installment, post-dated checks, or authorized credit card number valid until December 31, 2025, are required at the time of registration.

Pre-requisites: All new U8 Mites must be evaluated by the Hockey Director to play on a team. Squirts, Peewees, Bantams and Midgets must have prior team experience or be evaluated by the Hockey Director in order to register.

Bantams and Midgets are required to complete a 2-hour checking clinic before games begin. Niles will hold a 3-day checking clinic for those players who need this requirement. The first day of the checking clinic is Tuesday, September 2 and players will need to pre-register for this clinic at the time of registration.

All players must register online with USA HOCKEY for the 2025-26 season and present a copy of their confirmation number when registering. NO registration will be accepted without USA Hockey confirmation. To register with USA Hockey as an ice hockey player, go to www.usahockeyregistration.com.

2007 and 2008 birth year midget-level players need to complete the free, required online Safesport course prior to evaluations. To complete the Safesport course, please go to www.usahockey.com/safesporttraining.

Requirements: Complete equipment is required including neck guards. Mouth guards are recommended for mites & squirts and are mandatory for Peewee and above. New players in the Rangers organization must present a copy of their birth certificate at the time of registration. The NWHL does not allow registered travel players or playing on two NWHL teams at the same level. Also, players who are registered on an independent team are not eligible to play in the NWHL.

NILES RANGERS HOCKEY, 2025-2026 Season

TRAVEL HOCKEY PROGRAM



U6 Mites (5 and 6 year olds) will play an in-house developmental program with weekly group practices or cross-ice games. There will be some travel to other rinks for some cross-ice weekend games. The season will start on Saturday, September 13 from 2:40-3:40pm and will end on Saturday, January 31. All practices will take place on Saturdays and games can be played on both Saturdays and Sundays. The U6 Rangers regular practice and home game ice time will be from 2:40-3:40pm on Saturdays. While participating on our U6 team, the players are also encouraged to sign up for a Rookie Rangers (beginner hockey level) class, to continue to develop their core hockey skating skills for an additional day during the week. **NEW FOR THIS SEASON:** Based on our U6 player interest, the team may decide to enter a jamboree (play 3+ games in one weekend) for 1 or 2 weekends during the season up in Wisconsin. We want to offer this jamboree opportunity for two reasons: 1) added games against different teams 2) Out-of-Town jamborees are where the kids create their best memories! Not only do they get to play multiple games in a weekend, but they also get to bond with their teammates at the hotel (and in the pool), all while having a great weekend! The out-of-town jamborees will be an extra cost to those who are interested. Once the season gets started and we get an idea of how many players are interested in the out-of-town jamboree, we will communicate additional information to everyone.

U8 Mite through Midget Rangers Teams (7-18 year olds) will participate in the Northwest Hockey League. Evaluations for these levels will begin the week of September 1 (there will be no evals on Labor Day). Some travel to other rinks is required. Teams will play a 20 game season, 10 home and 10 away. The NWHL regular season will run from October through February, and will include a 3 game minimum playoff tournament in March. The playoff tournament fee is included. All teams will have weekly split ice practices and games. Our teams will receive extra practices, determined by the amount of teams and ice availability. Goalies will receive extra goalie instruction during team practices. **NEW FOR THIS SEASON:** The league added an additional 2 games to the regular season.

Game Jerseys and Socks are not included in the registration fees. Returning players may use their jerseys from a prior season or purchase new ones. All players are required to have home and away jerseys and socks. Jersey numbers will be issued at the time of registration. Players with even birth years will get even numbers and players with odd birth years will get odd numbers. Jerseys and socks may be ordered and purchased from our vendor at the time of registration. Each Ranger player is responsible for confirming their jersey number with our front desk before purchasing their jersey (we need to avoid having players at the same level having duplicate numbers). Returning Rangers players will keep their jersey number every consecutive season that you play with our program.

Jersey and Sock Vendor: SaniSport of Wisconsin
Vender Contact: Gary 262-352-3705

Cancellation and Refunds: Once registered, \$100 will be charged to any player who cancels from the program after August 20th, no exceptions. Any player that cancels after September 1st will be charged their full deposit of \$400.

If you have any questions about our Rangers teams or the Northwest Hockey League, please email or call the Hockey Director.

Alex Alessi
Niles Hockey Director
alex@niles-parks.org
847-297-8010





2025 Fall Season Evaluations

Thank you for registering with the Niles Rangers. Below is the schedule for the 2025 evaluations that will allow coaches to select balanced teams. Please arrive 30 minutes early on the first day of evaluations. Returning players should bring both their home and away jerseys to evaluations. New Rangers players can get helmet name tags at our front desk if they don't have a jersey with their last name on the back of it. Players must attend their level to be evaluated. Bantam and Midget level players must attend a checking clinic (if they haven't already) prior to playing in their first league game. Niles will host a checking clinic that begins on September 2nd. If you need this requirement, please register early as there is limited space. Midget birth years of 2007 and 2008 need to take the required free SafeSport course prior to evaluations.

U6 Mites do not attend evaluations and start practices on September 13.

U8 Mites:	Saturday	Sept 6	5:00-6:00 pm
	Sunday	Sept 7	8:20-9:20 am
Squirts:	Wednesday	Sept 3	6:10-7:10 pm
	Saturday	Sept 6	2:40-3:40 pm
Pee Wees:	Wednesday	Sept 3	7:20-8:20 pm
	Sunday	Sept 7	11:50am-12:50 pm
Bantams:	Friday	Sept 5	7:00-8:00 pm
	Sunday	Sept 7	10:40-11:40 am
Midget:	Saturday	Sept 6	3:50-4:50 pm
	Sunday	Sept 7	9:30-10:30 am

All players must attend both evaluation days.

Coaches will select teams after evaluations. Within 24 hours of the level's last evaluation, players will be notified by email of their next practice dates and times. Team rosters and the initial practice schedule will be posted on the Niles Park District's website, <http://www.niles-parks.org/facilities/iceland-skate>. Your team could have a practice on Monday, September 8, so please be prepared for that potential event.



Iceland Hockey Registration

Primary Household Contact: (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Program Code	Sec.	Program Title	Day	Fee	Registrant's First & Last Name	Age	Birth Date
				\$			
				\$			
				\$			
				\$			

Register for classes at: Iceland Ice Arena 8435 W. Ballard Road Niles, IL 60714 Phone: 847-297-8010 Fax: 847-298-5768 Iceland@niles-parks.org	Payment Method: Cash Check #: _____ Visa Master Card Discover Card	\$	Total Fees	Child Needs Hockey Equipment Provided: Yes No
	Credit Card Information Name: _____ Exp. Date: ____/____ Signature: _____ Amt.: \$_____ Card Number: _____ - _____ - _____			

HOCKEY PROGRAM WAIVER & RELEASE

The Niles Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Niles Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Hockey is a sport intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injury, cervical spine injury (including paralysis) and death. All hazards and dangers cannot be foreseen. The very nature of the game of hockey is hazardous and risky, including but not limited to being tripped, body-checked, cross-checked with the stick, hit with a slash, a high stick, or a thrown stick, going head first into the boards, getting pushed or checked from behind, being cut by a skate blade, colliding with goal posts, being hit by a stick, puck, or other player's protective equipment, elbowed in the head or face, collisions with other players and stationary objects, poor officiating, injuries caused by failure to wear adequate protective equipment, inadequate playing conditions, defective equipment, imperfections in the ice, failure in supervision or instruction, unsportsmanlike conduct, and all other circumstances inherent to sport of hockey. In this regard, it is impossible for the Niles Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District"). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver. There will be **NO refunds** issued after a class has started. Refunds for illness or injury require a letter from a medical professional. There are **NO make-ups** for missed classes.

Signature: _____

Date: _____

Staff Initials: _____

NILES RANGERS “HAT TRICK” PAYMENT PLAN FORM

PLAYER’S NAME _____

LEVEL _____ TOTAL FEE _____

INITIAL PAYMENT \$400.00 SECOND PAYMENT _____

THIRD PAYMENT _____

INITIAL PAYMENT: \$400.00 due at the time of registration.

SECOND & THIRD PAYMENT: Due at the time of registration – check or credit card. If paying by check, you must post date two checks, one dated October 15th and one dated December 1st.

AGREEMENT

I have selected the following form of payment, which I authorize the Niles Park District to cash my check or charge my credit card in accordance with the policies mentioned above.

POST DATED CHECK: CHECK #1 _____ CHECK #2 _____

CREDIT CARD: MC VISA DISC (circle one)

CARD HOLDER’S NAME _____

ACCOUNT # _____ - _____ - _____

EXP. DATE _____ TOTAL AMOUNT CHARGED _____

Must be after 12/2025

PAYMENT #1 \$400.00 PAYMENT #2 _____ PAYMENT #3 _____

In the event that any payments are declined due to insufficient funds, or a rejected credit card, a service charge of \$25 will apply. A \$100 service charge will apply to a player that cancels from the program after August 20th, no exceptions. Any player that cancels after September 1st will be charged the full deposit of \$400.

AUTHORIZED SIGNATURE _____

Ranger Player Information

Fall 2025

Level _____

Please print legibly

Player's name: _____ Birthday: _____

Address: _____

City: _____ Zip Code: _____

Parent's names: _____

Home Phone: _____ Cell Phone: _____

Email Addresses: _____

2025-26 USA Hockey
Confirmation #: _____

Fall Season 2024: Did not play House Travel AAA

2024 Fall Organization name: _____

Team name & level of play: _____

No AAA players allowed in the NWHL

Please include a team number if you played for a Rangers team

Player position: Skater or Goalie

Checking clinic: Were attended _____
Bantam

When attended: _____

Jersey Number: _____ Odd # for odd birth year
Even # for even birth year

NILES RANGERS HOCKEY PROGRAM PARENT/LEGAL GUARDIAN CODE OF CONDUCT AGREEMENT

As a parent/legal guardian of a child involved in the Niles Rangers Hockey Program, I agree to abide by and follow the rules and guidelines below.

- I will promote the emotional and physical well-being of the athletes ahead of any personal desire to win.
- I will remember that my child plays hockey for his/her enjoyment, not mine.
- I will encourage good sportsmanship through my actions, by demonstrating positive support for all players.
- I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
- I will demand my athlete treat all players, coaches, officials, and spectators with dignity in language, attitude, behavior, and mannerisms.
- I will inform the coach of any physical disability or ailment that may affect the safety of my athlete or the safety of others.
- I will respect the property and equipment used at any sports facility, both home and away.

I understand that by signing this document I am agreeing to support and promote this Parent/Legal Guardian Code of Conduct Agreement. Further, my failure to comply with this Agreement or my participation in any of the defined **CONDUCT SUBJECT TO DISCIPLINE** will result in disciplinary action, up to and including expulsion from The Niles Rangers Hockey Program.

CONDUCT SUBJECT TO DISCIPLINE

*Examples of words or actions which will constitute a violation of the **Code** include, but are not limited to, the following:*

- Making physical contact with any player, coach, official, league representative, arena personnel, or spectator;
- Taunting or threatening any player, coach, official, league representative, arena personnel, or spectator;
- Going into the locker/dressing room of an opposing team or obstructing their access to or exit from said room and arena;
- Going into the officials' locker/dressing room or obstructing their access to or exit from said room and arena;
- Using profane and/or vulgar language or mannerisms;
- Going onto the ice surface;
- The throwing of any object onto the ice surface, into the player area(s), or at another individual;
- Pounding or climbing on the glass;
- Defacing or damaging property belonging to any individual, team, association, or arena;
- Being involved in any activity that would warrant the summoning of law enforcement officials.

Parent/Guardian Signature_____

Printed Name_____ Date_____

Parent/Guardian Signature_____

Printed Name_____ Date_____

