

# IceLand Outdoor Stick & Puck Hockey Schedule March 1<sup>st</sup> - 13<sup>th</sup> | 2021



**Stick & Puck:** Stick & puck sessions are for players of all ages and skill levels. They give players an opportunity to practice hockey skills as needed. **Scrimmages and games are NOT allowed.** All players must wear a helmet, shin pads, long pants (NO SHORTS), skates, and gloves and provide their own stick and puck. Players younger than 18 years old must wear a full cage or shield. No slap shots, fighting or checking permitted. Stick and puck sessions are not supervised on ice. No goalies, sorry.

Outdoor Stick & Puck: Monday- Friday 1:00-2:00 pm  
Monday-Friday 6:15-7:15 pm  
\$11.50/player

**Rat Hockey:** There will be no Rat Hockey or Open Hockey during Phase IV of Restore Illinois.

IDPH Sports Safety Guidelines to be followed. Waiver must be completed for each player. **Face masks must be always worn including while on the ice.** Social distance of six feet must be practiced on the ice. Sessions are limited to two groups of 10 players. Each group will have half ice to practice. Players must come dressed in equipment, limit one stick per player and no equipment bags. Outdoor seating is available for tying skates. There will be no use of locker rooms, showers, water fill station or inside seating. Water bottles must have players name on it and no sharing of any equipment. No walk-ins allowed, must register in advance via email or telephone if prior registration and waiver is on file. Entry into the rink 10 minutes before session and exit immediately after session via outdoor gate. No spectators allowed in rink, only skaters. No entry or use of indoor facilities.

Phone 847-297-8010, [Iceland@niles-parks.org](mailto:Iceland@niles-parks.org) , fax 847-298-5768.



# Iceland Hockey Registration



Primary Household Contact: \_\_\_\_\_  
Last Name First Name

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Program Code	Date	Time	Fee	Registrant's First & Last Name	Age	Birth Date
133221	March		\$11.50			
Stick & Puck			\$			
			\$			
			\$			
			\$			
			<b>Total Fees</b>			

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:**  
 Visa  
 Master Card  
 Discover Card

**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 MAKE-UPS for missed classes and NO REFUNDS issued after a class has started.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_



## COVID 19 GUIDELINES AND WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries, illnesses and damages including COVID related symptoms while participating in this program.

### Guidelines

The following guidelines shall apply to all Niles Park District activities while the State of Illinois remains in Tier 1 of Governor Pritzker's Restore Illinois program. The guidelines may be amended or updated from time to time by email notification based upon directives from State or local government or public health officials, guidance from other organizations or other events. New guidelines will be provided, and will be binding on all participants, upon the entry into Phase 4 of the Restore Illinois program. All participants must agree to comply with these or any other guidelines issued by the Niles Park District.

- Any participant who is experiencing any COVID-19 symptoms, including but not limited to fever, aches or respiratory issues, are prohibited from participating in any Niles Park District activities.
- Any participant who has been exposed to anyone having the COVID-19 virus or displaying symptoms of the COVID-19 virus, may not participate in any Niles Park District activities until they have been quarantined for at least fourteen (14) days without exhibiting any COVID-19 symptoms.
- Any participant who learns they have contracted the COVID-19 virus after participating in any Niles Park District activity and who may have exposed other participants must notify the Niles Park District immediately.
- All Niles Park District activities will be limited to 25 or fewer participants.
- Skaters may not share equipment. All players must bring their own equipment.
- Masks and other face coverings must be worn at all times.
- Practice activities shall be conducted in a manner reasonably designed to maintain social distancing where possible.

- All participants should bring hand sanitizer to each activity. Sanitizer should be applied at the beginning, the end, and periodically during activities.
- Participants should refrain from touching their faces during activities.
- Participants must clean up after themselves at the end of the activity.
- Participants may not consume snacks during the activity.
- No locker rooms, or water fill stations are available
- Seating is available outdoor to tie skates.
- No spectators allowed in outdoor rink area, only paid skaters.
- NO refunds, make-ups or day/time transfers for missed sessions.
- If session is cancelled by Iceland due to weather, full refund will be issued.

## Waiver

- 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 of result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have 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 the "District").
- I have read the COVID guidelines above and agree to comply with guidelines as they may be amended from time to time.
- I acknowledge the risk to have contact with individuals, who may have been exposed to and/or have been diagnosed with COVID-19 and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact or close proximity with an individual with COVID-19.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, sickness, illness or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with any programs or activities.
- If registering on-line or via fax your on-line 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 warning of risk and assumption of risk and waiver and release of all claims. I understand that once registered, there are no refunds for missed sessions or transfer of days.

PLEASE PRINT Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ (18 years or older or Parent/Guardian)

DATE \_\_\_\_\_