**AUSTRALIA NATIONAL YOUTH TEAM**

**From the Office of the Team Coach**

Dear Players and Parents,

This is to inform you that the Australian U18 National Youth Team will be hosting its 2017 open team tryouts on Saturday October 8th in Melbourne Vic, Sunday November 6th in Cockburn WA and Sunday, November 12th 2016 in Liverpool NSW. Male players born 1999, 2000 and 2001 are entitled to try out for the team and must hold Australian citizenship to be eligible for selection.

PLEASE REGISTER YOUR EXPRESSION OF INTEREST TO [laffsinoz@hotmail.com](mailto:laffsinoz@hotmail.com) by C.O.B OCTOBER 1ST.

OVERSEAS PLAYERS: YOU ARE TO REGISTER YOUR INTEREST ACCOMPANIED BY YOUR LOCATION, CONTACT NUMBER, TEAM PLAYING FOR/LEAGUE AND ANY RELEVANT VIDEO OR STATS THAT YOU CAN PASS ON by C.O.B OCTOBER 1ST.

The dates for the Tryout Sessions are as follows:

**Note:** You are only required to attend **one** session

October 8th – Melbourne (O’Brien Group Arena)

* 11:30pm – 12:30pm Parents/Players Meeting Ballet room Level 1
* 1:15pm – 2:15pm Team 1 On-Ice Evaluation &Testing
* 2:30pm – 3:30pm Team 2 On-Ice Evaluation &Testing
* 4:00pm – 4:30pm Light snack and refreshments
* 4:30pm – 5:30pm Team 1 and 2 Off-Ice Evaluation & Testing
* 6:15pm (1hrs) Selection Game

November 6th – Perth (Cockburn Arena) \*pending\*

* 10:30am – 11:30pm Player Registration/Parents Meeting
* 12:00pm – 2:00pm On-Ice Evaluation &Testing
* 2:00pm – 3:00pm Light snack and refreshments
* 3:00pm – 5:00pm Off-Ice Evaluation & Testing

November 12th – Sydney (Liverpool Catholic Club Ice Rink)

* 8:00am Player Registration
* 9:45am – 11:45am Team 1 On-Ice Evaluation & Testing
* 11:30am – 12:30pm Light lunch Provided
* 12:30pm – 2:30pm Off- Ice Evaluation & Testing TBA

**Note:** The cost for the session will be $85. The tryout fee is applicable to local players only who wish to be considered for the team. Interstate players will be exempt from the fee due to travel costs.

SA, QLD, and ACT players are entitled to attend any tryout of their choice at their own travel expense unless a previous arrangement has been discussed.

**Please Pay by direct deposit NYT’s banking details are:**

Commonwealth Bank

National Youth Team

BSB: 062 093

Account No: 1000 8769

Please put your **NAME** as reference on the payment.

The tryout will include the following:

* 120 minute on-ice Evaluation
* 60 - 90 minute off-ice Evaluation
* Player/Parent meeting **(Please note that this meeting will be held BEFORE the on-ice tryout)**

**On-Ice Requirements:**

* Hockey Equipment
  1. Mouth Guards and Neck Guards are mandatory
  2. All players must have their names on their helmet
  3. Water Bottle
  4. A training jersey with your name on the back would be advisable

**Off-Ice Requirements:**

* Off-Ice Training Gear
  1. Players must wear appropriate training equipment
  2. Players must have running shoes – no other shoes will be acceptable

**Players/Parents Meeting:**

The Players/Parents meeting will consist of an information session on the tryout selection format as well as the tournament and its costs. We will also be there to answer any questions that the parents might have in regards to the team/selection/camp/travelling etc. This is an opportunity for not only us to introduce ourselves to both the players and parents, but also for the parents to ask any questions that they might have.

**Team Announcement:**

Post selection tryouts, a NYT 2017 squad will be announced within 2 weeks of the last tryout. All players will receive a letter by email informing them of their selection results. Players selected to the squad will either be “Roster” players or “Reserve” players listed in non-preferential order. The final 2017 National Youth team will consist of 20 players and 2 Goalies. Cost to this trip is to be finalised closer to the Final list and information will be made available then. We expect a cost of approximately $4,500 AUD however this is to be confirmed in the near future.

**Tryout Attendance:**

Attached are the forms that you will be required to fill in, before being allowed to tryout; please have these filled in and returned to IHA before arrival at tryouts. This will allow a faster processing of all players attending the session.

**All players will be required to send a current and valid Coloured copy of an Australian passport (photocopy acceptable) along with the rest of the forms.**

Good luck on your selection to IHA’s **2017 National U18 Team** and further participation at the team’s training camp and the IIHF **2017 World Championship Division II Group B**Championship in **Novi Sad, Serbia**from the **13-19 March 2017**.

Regards,

Steve Laforet

Head Coach

Australian National Youth Team 2016

[laffsinoz@hotmail.com](mailto:stevenplindsay@hotmail.com)

PH: 0425 844 250



**2017 NYT Player Tryout Form**

Family Name ……………….................. .. Given Names ………………………………………

Middle Name …………………………….. Preferred Name………………………………………

Date of Birth …………………………....... Place of Birth ………………………………….….....

Citizenship………………………………… Additional Citizenship……………………………….

Address …………………………………………………….

…………………………………………………….

……………………………………………………...

Phone number (Home) …………………………… Mobile ………………………….

Email …………………………………................................................... (Player must have access to this email)

Height (cm) ………………… Weight (kg) ………………….

Position ………………….. Shoot L/R Goalie: Catch L/R

Current Club: ………………………………………… 3 Preferred Jersey #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Between 1 - 24)

Any known medical conditions? YES or NO

If YES what? .........................................................................................................................................

Is a TUE (Therapeutic Use Exemption) required for your medications? ………………………………

Asthma: YES NO

**Parent/Custodian contact details**

Father Mother Guardian

Name ……………………. ……………………… …………………………

Citizenship ……………….…… ………….................. …………………………

Mobile ……………………. ……………………… …………………………

Email ……………………. ………………………. ………………………….

**2017 NYT Player/Parent Agreement**

Subject to you signing Ice Hockey Australia’s (IHA) National Team (Team) Player Agreement (Agreement) you will be considered for final selection to represent Australia. The Agreement sets out your responsibilities and those of IHA in relation to your membership whilst you are on the Team should you accept this Agreement.

You are required to return the completed and sign the attached Execution Page, Player Code of Behavior & Ethics Form, Medical Profile and Parent/Legal Guardian Agreement (if under the age of 18 years)

Scan and Email forms back to [laffsinoz@hotmail.com](mailto:laffsinoz@hotmail.com)

If you have any concerns with the Agreement, IHA urges you to immediately contact the IHA Office to discuss or otherwise seek independent legal advice.

1. **TERM OF AGREEMENT**

1.1. Notwithstanding the date this Agreement is signed, this Agreement will deemed to have commenced on the date of signature and will expire on completion of the world championship and your return to Australia, unless it is terminated earlier by you or IHA.

1. **TERMS OF THE AGREEMENT**

2.1. By signing this Agreement I agree to be bound and comply with the terms of this Agreement and IHA’s and the International Ice Hockey Federation’s (IIHF’s) Statement of Purposes, Regulations, Policies and Player Code of Conduct at all times. In return I will be granted the right to be considered for selection, and if selected, remain a member of the Team with certain benefits. Failure to adhere to this compliance may result in being reported to the IHA Board for disciplinary action;

2.2. I agree at all times act in a proper manner so as not to bring me, IHA, IIHF, any IHA sponsor or Team sponsor or the Team into disrepute or censure;

2.3. I agree to the terms and conditions as stated on my Member Affiliation Application & Declaration Form as signed and submitted to IHA; and

2.4. I fully understand that at all times I am accountable to IHA and my Team Officials for the term of my selection.

2.5. I acknowledge, that should I breach the terms of this agreement or any of the codes of conduct or regulations referred to in this agreement that I may be subject to penalties including but not limited to suspension of my right to participate in IHA sanctioned ice hockey matches.

Printed Name of the Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Players under 18 years of age must have their Parent or Legal Guardian sign IHA’s Parent/Legal Guardian Agreement as attached.***

**Parent/Legal Guardian Agreement**

In consideration of Ice Hockey Australia’s (IHA) selection of my son or daughter as a member of the Australian National Ice Hockey Team (Team) on the terms and conditions set down in the IHA Team Agreement, the Parent or Legal Guardian agrees to comply with the following terms and conditions.

1. I acknowledge, and agree to, that my son or daughter’s participation in and for the Team on the terms and conditions in the Team Agreement.

1. I agree to use best endeavors to ensure my son or daughter complies with the terms and conditions of the Team Agreement.

1. I consent to my son or daughter receiving medical treatment if this is deemed necessary or appropriate.

1. I expressly acknowledge and agree that:

1. IHA will have no liability to my son or daughter or me (or any other parent or legal guardian) in respect of any loss, damage or injury of any kind arising directly or indirectly from or in connection with, directly or indirectly, any act, omission or fault  of any person (including IHA), in relation to:

1. my son or daughter’s membership of the Team;
2. my son or daughter’s participation in any training or competition in which the Team participates;
3. any disciplinary action taken against or involving my son/daughter by IHA; or (iv)  any issue arising in respect of selection for the Team; and

1. I hereby indemnify and will at all times keep indemnified IHA from and against all actions, suits, proceedings, claims, demands, costs and expenses which may be incurred by my son or daughter or taken or made against IHA in connection with or arising out of any such loss, damage or injury, except to the extent that the same is due to gross negligence on the part of IHA.

1. I agree that my son/daughter’s membership of the Team may be terminated, or some other sanction imposed, in the event my son or daughter breaches the Team Agreement in any respect.

1. If a dispute occurs under this agreement, I agree to submit the dispute to the National Sports Dispute Centre for resolution.  Any such dispute and any settlement or finding of the National Sports Dispute Centre in respect of the dispute will remain confidential between the parties, unless otherwise mutually agreed in writing.

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Code of Conduct**

In addition to Ice Hockey Australia’s General Code of Behavior and Ethics, players are required to meet the following requirements in regard to their conduct during all activities sanctioned by Ice Hockey Australia, their Member State Association or Affiliated Club:

1. Respect the rights, dignity and worth of fellow players, coaches, officials and spectators;
2. Do not tolerate acts of aggression;
3. Respect the talent, potential and development of fellow players and competitors;
4. Care for and respect the equipment provided to you as part of your program;
5. Be frank and honest with your coach concerning illness and injury and your ability to train fully within the program requirements;
6. At all times avoid intimate relationships with your coach;

7. Conduct yourself in a professional manner relating to language, temper and Punctuality;

1. Maintain high personal behavior standards at all times;
2. Abide by the rules and respect the decision of the official, making all appeals through the formal process and respecting the final decision;
3. Be honest in your attitude and preparation to training. Work equally hard for yourself and your team;
4. Cooperate with coaches and staff in development of programs to adequately prepare you for competition at the highest level; and
5. At all times strictly adhere to the instruction given to me, either verbal and/or in writing from the team’s officials whilst a member of the team.

I acknowledge, understand and agree to the Player’s Code of Behavior & Ethics during the selection process and whilst holding a playing position on IHA’s National Team as stated for the provision of my services to IHA and the Team.

Printed Name of the Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IHA NATIONAL TEAM PLAYER MEDICAL PROFILE**

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Health Details**

Please read the following questions and answer appropriately.

***Medication:***

1. Are you currently taking any prescribed medication whether prescribed or otherwise?

Yes [ ] No [ ] If yes please detail:

***lmmunisation:***

2. Have you completed a program of immunization appropriate for the destination of the Team? Yes [ ] No [ ] If yes please detail:

  Please supply date of last anti-tetanus injection:

***General Health:***

1. Do you suffer from any illness or disease which IHA should be aware of?

Yes [   ]    No [    ] If yes please detail:

1. Do you suffer from any disability which IHA should be aware of?

Yes [   ]     No [   ] Please specify:

1. Is there any medical condition not mentioned above which may require treatment, which IHA should be aware of. Yes [   ]  No [    ]  If yes please specify:

1. Allergies:

1. Are you allergic to any medications? Yes [   ]  No [    ]

1. Are you hypersensitive to insect stings? Yes [   ]  No [    ]

1. Do you have any other allergies IHA should be aware of? Yes [   ]  No [    ] **Injury Details**

Please read the following questions and answer appropriately.

***Recent History of Injury:***

1. Please list your recent history of injuries (over the past 2 years):

Please provide any further details of your health or injury status which the IHA medical team should be aware of (attach additional pages, if appropriate):

***Medical Contact Details***

Please provide details of your primary medical providers:

Name:

Telephone:

Please provide the following details:

Medicare No:

Private Health Fund:

Parent/Guardian Emergency Contact details:

Name:

Mobile:

***Execution Signature***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**National Youth Team Clothing 2017**

**Players Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Players 1st Choice Jersey Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Players 2nd Choice Jersey Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delivery address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| Item | Size | Qty (Compulsory) | Price Inc GST (Total) |  |
| **Track Suit Jacket** –  Men’s XS to 5XL |  | 1 |  |  |
| **Track Suit Pants** –  Men’s XS to 5XL |  | 1 |  |  |
| **Hoodie 125 ms/s to 3xl kds 4/14** |  | 1 |  |  |
| **Men’s twill Pants(Blue)**  72R-112R |  | 1 |  |  |
| **Polo (Z)** – S to 3XL     107 |  | 1 |  |  |
| **Coat of Arms Embroidery** |  | ALL |  |  |
| **IHA Tee Shirt**  – Men’s S to 3XL  110 |  | 1 |  |  |
| **IHA Tee Shirt**  – Men’s S to 4XL  IHA Logo on front      111 |  | 1 |  |  |
|  |  |  |  |  |
| **Warm up Shorts**  - Men’s S to 2XL |  | 1 |  |  |
| **IHA Towel** | One Size | 1 |  |  |
| **Easton Equipment Bag  (Player)** | Player | 1 |  |  |
| **Sports Bag (for clothes)  142** | One Size | 1 |  |  |
| **IHA Water bottle** | One Size | 1 |  |  |
| **Cold Climate Jacket –** S to 3XL |  | 1 |  |  |
| **IHA Team Beanie** | One Size | 1 |  |  |
| **Total** |  |  |  |  |
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