



2023 - 2024 WESTCHESTER VIPERS TRYOUTS

Registration Times:

February 12 th	7:30am – 9:30am
February 13 th & 20 th	6:30pm – 8:00pm
February 15 th & 22 nd	5:30pm – 7:30pm

Tryout Fee:

7U & 8U.....	\$100.00
10U, 12U & 14U.....	\$200.00
16U / 18U.....	\$150.00

This fee is payable in **CASH** or **CHECK** made out to “Westchester Vipers”
NO CREDIT CARDS

This fee is **NON-REFUNDABLE**

Please read the following information carefully. Once you complete the tryout application, you will be asked to acknowledge that you have read these requirements and are willing to comply with them.

Registration Procedures

1. A non-refundable tryout fee (see above) must accompany your registration.
2. If your child has NOT signed a commitment letter to play for another youth hockey organization in 2020-21 he/she can tryout
3. **Registration will only be accepted in person at WSA during the dates and times listed on top of this document.** Registrations can also be mailed to the following address
WESTCHESTER VIPERS
C/O Dave Mensi
21 Willett Ave
Apt 312
Port Chester NY 10573
4. Applications provided by email or those dropped off at WSA, other than at the times listed above, **will not be accepted.**



Tryout Procedures

1. Your child must attend tryouts according to the designated schedule attached.

Payment and Notification Procedures

1. Generally within 24 hours of the final tryout at a particular level, you will receive an email advising you that your child has been selected for a team. You will **NOT** receive an email if your child has not been selected for a team.
2. You will be required to accept or decline the roster spot with a return email before the specified deadline. There will not be a grace period.
3. Upon acceptance of the roster spot, you will be required to provide a completed financial agreement form as well as a non-refundable Roster Acceptance Fee.
4. Upon acceptance of an offered roster spot you are responsible for the full tuition payment even in the event of withdrawal from the program whether voluntary or due to an injury.
5. Failure to comply with above payment procedures will result in forfeiture of your roster spot.

Teams

1. The Vipers will be fielding teams at the 8U Cross Ice, 10U, 12U, 14U and 16/18U levels.
2. We are looking to field two teams at the 10U, 12U & 14U. State Tournament Bound team at the 12U & 14U levels. If possible we would field a third team at the 10U and 12U levels
3. **ALL 8U AND YOUNGER TEAMS: As per the New York State Hockey Association 2023– 2024 season rules ALL activities will be played in a cross ice format.**

Team Money and Tournament Commitment

Teams that will be scheduled for three tournaments will pay a Team Money Deposit upon contract signing

Equipment Requirements

1. All 8U, 10U, 12U & 14U skaters will be required to wear navy blue shells or navy blue pants AND navy blue helmets. (Midget skaters and all goalies are exempt from these requirements).
- a. The only decals permitted on helmets will be the Vipers logo, jersey number and, for those on high school teams, the school logo.



Westchester Vipers
2023 - 2024 Season Tryout Schedules
(Subject to Change)

TUESDAY – FEBRUARY 28th

5:50PM – 6:50PM 8U – ALL PLAYERS BORN IN 2015, 2016, OR 2017

7:00PM – 8:00PM 10U – ALL PLAYERS BORN IN 2013 and 2014

WEDNESDAY – MARCH 1st

5:40PM – 6:40PM 8U – ALL PLAYERS BORN IN 2015, 2016, OR 2017

7:00PM – 8:00PM 12U – ALL PLAYERS BORN IN 2011 and 2012

THURSDAY – MARCH 2nd

7:00PM - 8:00PM 10U – ALL PLAYERS BORN IN 2013 and 2014

8:10PM – 9:10PM 12U – ALL PLAYERS BORN IN 2011 and 2012

SATURDAY – MARCH 4th

12:15PM – 1:15PM 10U – ALL PLAYERS BORN IN 2013 and 2014

4:10PM – 5:20PM 12U – ALL PLAYERS BORN IN 2011 and 2012

TUESDAY – APRIL 4th

5:50PM – 7:10PM 14U – ALL PLAYERS BORN IN 2010 and 2009

7:20PM – 8:40PM 16U / 18U – ALL PLAYERS BORN IN 2008, 2007, 2006, & 2005

WEDNESDAY – APRIL 5th

5:50PM – 7:10PM 14U – ALL PLAYERS BORN IN 2010 and 2009

7:20PM – 8:40PM 16U / 18U – ALL PLAYERS BORN IN 2008, 2007, 2006, & 2005

THURSDAY – APRIL 6th

7:00PM – 8:20PM 14U – ALL PLAYERS BORN IN 2010 and 2009



Westchester Vipers 2023 -2024 Tryout Application

☐ I have read the procedures listed on Page 1 of this document and agree to comply with those requirements.

PLAYER'S INFORMATION:

PLAYER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ BIRTHDATE: _____ AGE: _____

PARENT'S INFORMATION:

FATHER'S NAME: _____ WORK #: _____ CELL #: _____

EMAIL ADDRESS #1 (PRINT CLEARLY) _____

MOTHER'S NAME: _____ WORK #: _____ CELL #: _____

EMAIL ADDRESS #2 (PRINT CLEARLY) _____

LAST TEAM/ LEVEL/ ORGANIZATION PLAYED : _____

***IF YOU SKATED FOR ANY OTHER HOCKEY ORGANIZATION IN THE 2022-2023 SEASON,
YOU MUST BRING A SIGNED USA HOCKEY RELEASE WITH YOU TO REGISTRATION.***

TRAVEL RELEASE: _____ YES _____ NO

LEVEL: ☐ MITE X-ICE ☐ SQUIRT ☐ PEEWEE ☐ BANTAM ☐ MIDGET

POSITION: ☐ GOALIE ☐ DEFENSE ☐ FORWARD

USA HOCKEY AGE CLASSIFICATION:

MITE CROSS ICE:	2015 - 2016	SQUIRT:	2014 - 2013
PEEWEE:	2011 - 2012	BANTAM:	2009 - 2010
MIDGET:	2005, 2006, 2007, 2008		

Please be certain to sign the Waiver/Release of Liability Form and return it with this application.
PLEASE MAKE CHECKS PAYABLE TO "WESTCHESTER VIPERS"

Office use only

DATE: _____ FEE : _____ CASH: _____ CHECK #: _____

\$200 10U – 14U registration fee // \$100 8U registration fee // \$150 16U & 18U registration fee



WAIVER AND RELEASE OF LIABILITY

2023– 2024 SEASON

WESTCHESTER VIPERS HOCKEY ASSOCIATION AND WESTCHESTER SKATING ACADEMY AND ANY AFFILIATED ORGANIZATION

In consideration for my child's participation in a program or activity of the Westchester Vipers Hockey Association ("WVHA") the undersigned, as a parent or guardian for such participant and on his or her behalf, acknowledge and agrees as follows:

1. I ACKNOWLEDGE AND FULLY AGREE THAT MY CHILD WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM MY CHILD'S ACTIONS, INACTIONS, OR NEGLIGENCE, BUT ALSO FROM THE ACTION, INACTION, OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY OR THE CONDITION OF THE PREMISES OR COMPETITION AREA OR ANY EQUIPMENT USED. I FURTHER ACKNOWLEDGE AND AGREE THAT THERE MAY BE OTHER RISKS NOT KNOWN TO ME OR MY CHILD OR NOT REASONABLY FORESEEABLE AT THIS TIME.
2. I AGREE THAT PRIOR TO MY CHILD'S PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE WVHA I OR MY CHILD WILL IMMEDIATELY ADVISE A COACH, OFFICIAL, WVHA OFFICER OR RINK OFFICIAL OF ANY ACTUAL OR POTENTIALLY UNSAFE CONDITION OF WHICH I OR MY CHILD HAS NOTICE.
3. I AND MY CHILD UNDERSTAND THAT BY PARTICIPATING IN ANY ACTIVITY OR PROGRAM OF WSVA WE ARE ASSUMING ALL OF THE FOREGOING RISKS.
4. I, ON BEHALF OF MYSELF, MY CHILD, AND OUR FAMILY, RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE WESTCHESTER SKATING ACADEMY, WVHA, THEIR AFFILIATED ORGANIZATIONS, THEIR RESPECTIVE OFFICIALS, DIRECTORS, AGENTS, COACHES AND OTHER EMPLOYEES OF THOSE ORGANIZATIONS, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES" FROM DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE, OR IN PART BY THE NEGLIGENCE OF THE RELEASEES, OR ANY ONE OF THEM, OR OTHERWISE.
5. THIS WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW.
6. THE SAFETY OF PARTICIPANTS IS OUR TOP PRIORITY. THE FOLLOWING WERE DEVELOPED IN ACCORDANCE WITH THE MOST RECENT GUIDELINES ISSUED BY THE CDC, NEW YORK STATE, USA HOCKEY AND NEW YORK STATE AMATEUR HOCKEY ASSOCIATION AND ARE SUBJECT TO CHANGE AT ANY TIME. THE WESTCHESTER VIPERS WILL NOTIFY THE MEMBERSHIP OF ANY UPDATES TO THE HEALTH & SAFETY GUIDELINES & SCREENING PROTOCOLS.
 - No sharing of any equipment or personal items.
 - Players must bring their own water bottle.
 - Players strongly advised to disinfect equipment after each on ice session.
 - Parents, players, coaches, referee and scorekeepers must conduct daily symptom self-evaluation assessments and MUST REFRAIN FROM ALL VIPER ACTIVITY for 5 DAYS if they:



- (1) are experiencing symptoms, or living with somebody experiencing symptoms, now or in the past 14 days and who has not been cleared by a doctor or tested negative for COVID-19, or
- (2) have tested positive for COVID-19 in the past 14 days and not subsequently tested negative, or
- (3) have had close contact (defined as having close contact or less than 6 feet distance for more than 15 minutes) in the last 14 days with someone who has tested positive for COVID-19
- (4) are required or advised to quarantine following travel or otherwise under New York State requirements, CDC guidance, or directions from any other applicable authority.

7. SCREENING PROTOCOL DURING THE COVID-19 PANDEMIC

- If a player is sent home from school with a fever they should not attend practice.
 - Player may not return until fever free and symptom free (without the use of fever reducing medication) for 24 hours.
 - A signed and stamped or emailed medical provider clearance is required.
- If a player or coach is exhibiting illness and/or COVID-19 symptoms (with or without fever) and is sent home from any Viper activity:
 - Parent/guardian or coach will be advised to notify the medical provider for further guidance and recommendation of whether COVID testing should be conducted
 - If no COVID testing done, player may not return until fever free and symptom free (without the use of fever reduction medication) for 24 hours. A signed and stamped or emailed medical provider clearance is required.
 - If screened for COVID and negative, the parent must provide a signed and stamped or emailed health care provider documentation and the player must be symptom and fever free for 24 hours without use of fever reducing medication.
 - If a student has a diagnosis of common illness (Strep pharyngitis, Varicella, Coxsackie, Pertussis) the parent must provide signed and stamped or emailed health care provider documentation and the player must be symptom and fever free for 24 hours without use of fever reducing medication.
- If a player or coach has been directly exposed to someone with COVID-19 (defined as having close contact of less than 6 feet distance for more than 15 minutes):
 - Parent/guardian or coach shall immediately notify Dave Mensi at skymensi@aol.com
 - Player/coach with direct exposure to COVID-19 will not be allowed on ice and must quarantine for 5 days.
 - The Vipers will consult with local health authorities for an appropriate action plan, which particularly in the case of an infected player/coach may result in the team's activity being put on temporary hold for a period of time.
 - The Vipers will notify all impacted players/coaches on the affected team(s) of any such action.
- If a coach or player, or any member of their household, test positive for COVID-19:
 - Parent/guardian or coach shall immediately notify Dave Mensi of positive COVID-19 test at skymensi@aol.com. The Vipers will consult with local health authorities for an appropriate action plan, which particularly in the case of an infected player/coach may result in the team's activities being put on temporary hold for a period of time.
 - The Vipers will notify all impacted players/coaches on the affected team(s) of any such action.
- If coach or player tests positive, he/she may return to play if:
 - At least 72 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and
 - There is improvement in respiratory symptoms (e.g., cough, shortness of breath); and
 - At least 5 days have passed since symptoms first appeared.
- Any coach, manager or Viper board member reserves the right to send home any player, coach or spectator that appears sick or is showing COVID symptoms.



I HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. I ALSO AGREE TO ABIDE BY ALL RULES OF THE WVHA PROGRAMS AND WESTCHESTER SKATING ACADEMY.

Print Name: _____
Parent or legal guardian

Signature: _____
Parent or legal guardian

Date: _____