

AMATEUR HOCKEY ASSOCIATION ILLINOIS, Inc.

*"Dedicated to the development of today's youth
through Athletic and Academic excellence."*



December 3, 2018

Dear High School Hockey Player:

Formerly known as the Chicago Showcase and then renamed to USA Hockey America's High School Showcase will be held April 11-15, 2019 in St. Louis, Missouri. It will be hosted by the Mid States Club Hockey Association in conjunction with USA Hockey and Missouri Hockey.

Twenty-four boys' teams and eight to ten girls' teams from across the United States will compete and showcase their talents to scouts from hockey institutions in the country.

The purpose of this prestigious event remains the same. It is designed to allow high school hockey players from around the country who do not traditionally get scouted due to geographic and budgetary constraints within the scouting circles the opportunity to compete against the best of the best during a three to four day period and be seen.

The General Manager for the 2019 Illinois Girls' team is Anita Lichterman.

Please read through the attached registration information:

[Player Requirements](#)
[Registration Form](#)
[Consent to Treat Forms-2](#)

Additional information regarding America's Showcase rules and guidelines will be in the December issue of the Girls' AHAI newsletter as well as on the AHAI website. Emails will also be sent to all affiliate High School and Club Organizations in early January.

This is your opportunity to sign-up & be part of this event.

Looking forward to hearing from you.

Thank you,

Anita Lichterman
AHAI Girls' Committee Chair



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The requirements to participate on the 2019 Illinois Girls’ Showcase team:

- Must meet player requirements listed on the next page
 - Must be a USA Citizen
 - Must be registered with USA Hockey and AHAI
 - Must be a Junior or Senior attending an Illinois High School
- Interested Sophomores should meet this criteria as well*
- Must participate on an Illinois registered High School Hockey Team or attend an Illinois High School that does not offer a Girls’ team and play for an Illinois registered Girls’ 16u or 19u team
 - Must have attended a “College Hockey Night”
 - Must provide a High School grade transcript or report card indicating a cumulative GPA of 2.0 out of a 4.0 scale or a 3.0 out of a 5.0 scale

If you are able to meet these requirements and would like to accept this invitation to register for the 2019 Illinois Girls Showcase Team, you must respond via email to neets1719@aol.com or girls@ahai2.org as soon as possible prior to February 1, 2018. After emailing your acceptance, please complete the attached registration forms and mail it along with your \$100 registration fee payable to AHAI to:

2019 Illinois Girls’
Anita Lichterman
4300 W Lake Ave
Apt B309
Glenview IL 60026

In the past three years, the America’s High School Showcase has continually increased the number of Scouts & Coaches from Colleges and Universities across the country. There is no other event in this country or abroad that will give you this kind of exposure to the people you need to be in front of. Don’t miss this opportunity to Showcase your talents along with other top female High School hockey players that will come to St. Louis in April to compete.

As previously stated, the registration fee is \$100. Upon posting of the 2019 Girls’ Illinois Showcase team, an additional fee of \$300 will be due immediately. \$400 will be the total cost to the player and includes practices, practice jersey, game jerseys & socks, tournament fee, tournament jacket, team meal and hotel room. The players will be roomed together and parents are not only welcomed but very encouraged to join us for the event.



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PLAYER REQUIREMENTS

All players will be required to attend practices (*tryout/practice location dates and times to be announced at a later date and will not interfere with State, Districts or Nationals*)

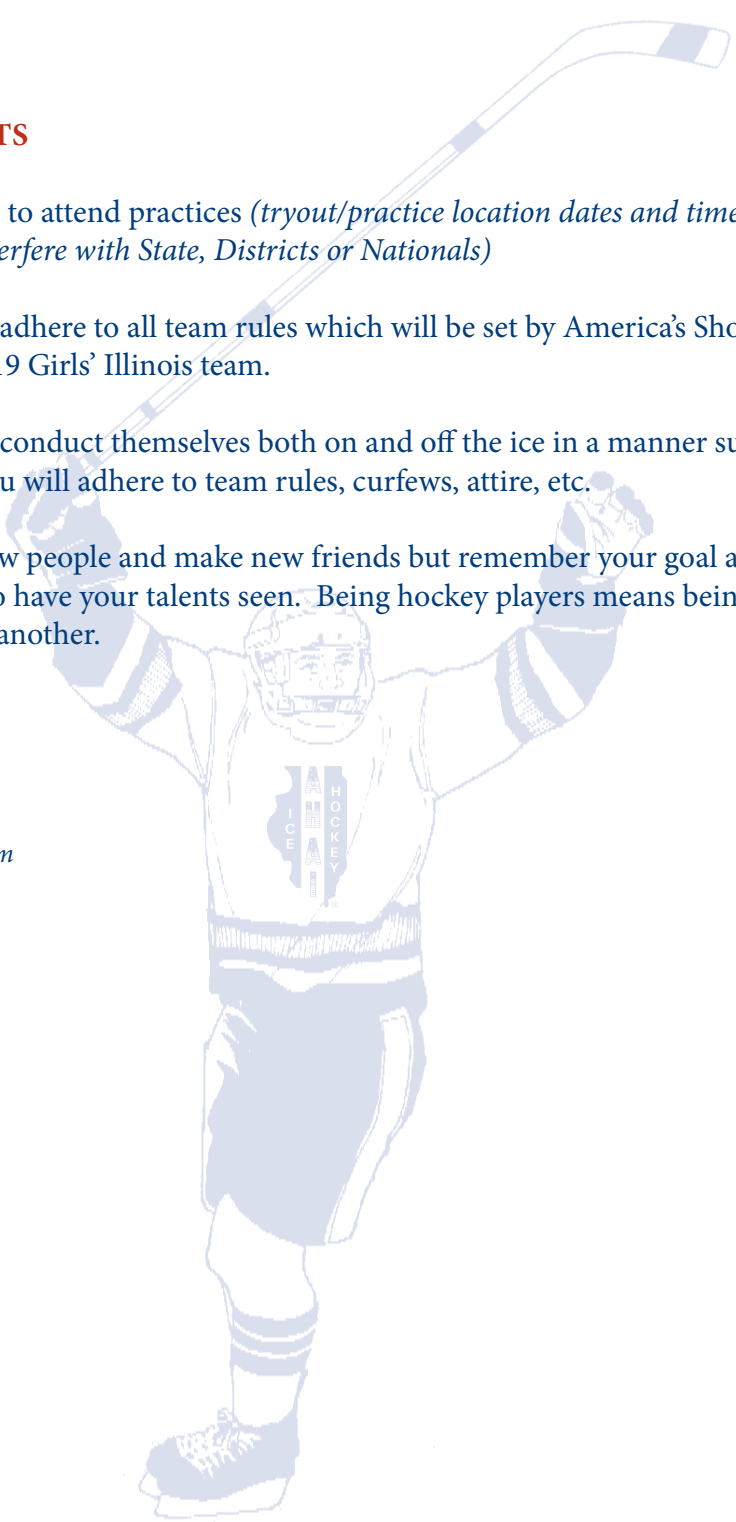
All players are expected to adhere to all team rules which will be set by America’s Showcase and the Coaching staff for your 2019 Girls’ Illinois team.

All players are expected to conduct themselves both on and off the ice in a manner suitable to be representative of Illinois hockey. You will adhere to team rules, curfews, attire, etc.

Finally, you WILL meet new people and make new friends but remember your goal at the 2018 America’s High School Showcase is to have your talents seen. Being hockey players means being friends and teammates and supporting one another.

Sincerely,

Anita Lichterman
General Manager
2019 Girls’ Illinois Showcase Team



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America's High School Showcase Tryout Registration Form

PLAYERS NAME: _____ YR: JR. SR.
Check One

ADDRESS: _____
City State Zip

DATE OF BIRTH: _____ PHONE: _____

POSITION: _____ SHOT: _____ HEIGHT: _____ WEIGHT: _____

SCHOOL ATTENDING: _____ CITY: _____

SAT SCORES: _____ ACT SCORES: _____ GPA: _____

E-MAIL: _____

PRESENT TEAM

PREVIOUS TEAM

TEAM: _____

GOALS: _____

ASSISTS: _____

NO. OF GAMES PLAYED: _____

COACH'S NAME: _____

COACH'S PHONE: _____

PENALTY MINUTES: _____

GOALKEEPERS:

Shots on Goal: _____

Goals Against: _____

Won: _____ Lost: _____ Tied: _____

Won: _____ Lost: _____ Tied: _____

For and in consideration of the enrollment of the above named minor as a player for the Amateur Hockey Association Illinois, Inc. and other good and valuable consideration, receipt of which is hereby acknowledged, I shall indemnify and save harmless AHAI, or its employees, agents or servants from any/all liability sustained by the above named minor arising directly out of, or in connection with, his/her enrollment and/or participation as a player for AHAI, whether due in whole or part to the negligence, active or passive, of both AHAI or its employees, agents, or servants and the above named minor.

I hereby consent to the above agreement and that the above information is correct.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Sanctioned Affiliate of USA Hockey



USA Hockey

Consent To Treat/Medical History Form



This is to certify that on this date, I _____, as parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to USA Hockey and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in USA Hockey sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____

Parent/Guardian/Adult Participant Signature: _____ **Date:** _____

Excess accident insurance up to \$50,000, subject to deductibles, exclusions and certain limitations, is provided to all USA Hockey registered team participants. For further details visit usahockey.com or contact USA Hockey at (719) 576-USAH.

EMERGENCY CONTACT

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Physician's Name: _____ Phone: (____) _____

Hospital of Choice: _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW IS OPTIONAL

MEDICAL HISTORY

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Injury
<i>(concussion, skull fracture)</i> | <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Convulsions/epilepsy | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Neck or back injury | <input type="checkbox"/> Hernia | _____ |
| | <input type="checkbox"/> Heart murmur | _____ |

Have you had (or do you currently have) any of the following?

Have you had a recent tetanus booster? Yes No If yes, when? _____

Are you currently taking any medications? Yes No If yes, please list all medications on back.

Has a doctor placed any restrictions on your activity? Yes No If yes, please explain on back.



America's Showcase St. Louis

Medical Release

Name: _____ Date: _____

Address: _____ Birthdate: _____

Daytime Contact #: _____ Evening Contact #: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Daytime Contact #: _____ Evening Contact #: _____

Physician's Name: _____

Daytime Contact #: _____ Evening Contact #: _____

Hospital of Choice: _____

PLEASE COMPLETE THE FOLLOWING:

If the answer to any of the following questions is or was yes, please describe the problem and its implications for proper first aid treatment on a separate sheet.

	Circle One		Circle One
Head Injury	Yes No	Shoulder	Yes No
Fainting Spells	Yes No	Knee	Yes No
Convulsions/Epilepsy	Yes No	Ankle	Yes No
Neck or Back Injury	Yes No	Fingers	Yes No
Asthma	Yes No	Arm	Yes No
High Blood Pressure	Yes No	Other _____	
Kidney Problems	Yes No		
Hernia	Yes No		
Diabetes	Yes No	Impaired Vision	Yes No
Heart Murmur	Yes No	Impaired Hearing	Yes No
Allergies	Yes No	Other _____	

Specify: _____

Have you had a recent Tetanus booster? _____ If so, when? _____

Are you currently taking any medications? _____ If so, what? _____

Why? _____

Has a doctor placed any restrictions on your activity? _____

Explain: _____

Signed Athlete: _____ Date: _____

Signed Parent: _____ Date: _____