

 MENU
My Organizations 

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Entry Successfully Updated

Registration Entry #124111496

- Print Entry
- Unclaim Entry
- Entry Status:
- Registration Session: 2023/24 Tournament Sanction Application
- SportsEngine Account: Stephanie Stodden
- Entry Filled Out For: Stephanie Stodden
- Registration Date: 12/21/2023 11:07AM CST

Attachments

Profile



Stephanie Stodden

Tournament Information

Tournament Title	Don James Memorial Squirt Tournament
Start Date	01/26/2024
End Date	01/28/2024
Sponsoring Organization	Butte Amateur Hockey Association
Tournament Website	http://coppercitykings.org/tournament-home
Classification	Squirt 10U
Type of Teams Allowed	Tournament Fees (1) Tournament Fees, \$250.00
Upload Tournament Rules & Procedures File	10U TOURNAMENT RULES (3) (1).docx
Tournament Sanction Number	24MT030
Entry Status	Approved

Tournament Director

First Name	Stephanie
Last Name	Stodden
Phone	4064911778
Email Address 1	sbstodden@gmail.com
Street Address 1	1541 C Street
City	Butte
State / Province	MT
Postal Code	59701

Tournament Location

Arena	Butte Community Ice Center
Arena Address	1700 Wall St
Arena City	Butte
State / Province	MT
Arena Zip	59701
Arena Phone	4067822901

10U TOURNAMENT RULES: BAHA

DON JAMES MEMORIAL SQUIRT TOURNAMENT

GAME PLAY-GENERAL RULES:

USA Hockey rules apply in all cases unless otherwise noted.

Games will be played full ice; 5 on 5 with a goalie.

Each game will consist of three 17-minute run time periods. If score is within 2 goals, the last 5 minutes of 3rd period will go to stop clock.

The scoreboard will only show a 7-goal differential. Scoresheet will reflect the actual score.

Game times will be according to the master schedule given to each team. All teams are asked to arrive no more than 30 minutes prior to the start of their scheduled game.

Each team will be allowed a three-minute warm-up that starts when the referee and/or linesmen are on the ice. **NO TEAMS ARE ALLOWED ON THE ICE UNTIL DIRECTED BY THE OFFICIALS.** There will be a two-minute break between periods, unless otherwise directed by tournament officials.

Each team will be allowed one time-out per game and may be used during regulation play only. Time-outs will be one-minute in duration.

The ice will be re-surfaced before every game.

Penalty time shall be 2 minutes for a minor penalty and 5 minute for a major penalty.

TOURNAMENT POSITIONING:

The standings shall be determined based on 2 points per win, 1 point per tie, and 0 points per loss. If two or more teams are tied, their positioning in the standings will be determined by the following tie breakers:

1. Head to Head
2. Total Goals Against
3. Total Goal For
4. Penalty Minutes

CHAMPIONSHIP TIE BREAKERS:

If teams are tied at the end of regular play the following will be used to break the tie:

1. One 5-minute run time, 5-on-5 overtime sudden death period.
2. Sudden death shoot-out

JERSEYS:

No two teams will wear the same color jerseys in a game. Please bring alternate jerseys if available. Home teams will wear dark colored jerseys, visiting teams will wear light colored jerseys. If there is a conflict, jersey colors will be worked out by tournament officials.

PENALTY BOX ATTENDANT:

All teams must furnish their own penalty box safesport attendant (must be 18 or older).

LOCKER ROOMS:

Each Team will be assigned a locker room for each game. Each team is responsible for the security of its players' belongings and to ensure that the locker rooms are left clean. The Butte Amateur Hockey Association does not assume responsibility for any personal property left in the locker rooms.

SPORTSMANSHIP:

Fighting, Abusive Behavior, or unsportsmanlike conduct by players, team officials, or spectators will not be tolerated, either on or off the ice, and will be grounds for removal from the tournament. The USA Hockey Zero Tolerance policy is in effect. The Referees shall have the option of ending any game should they feel that the player or game officials are endangered. In such a case, the Tournament Director and Tournament Rules Committee will determine the outcome of the game. All game misconducts will carry a mandatory one-game suspension. Any fans using profanity while watching games will be asked to leave.

DISCIPLINE:

The Tournament Director shall also serve as the Discipline Chairperson. The Discipline Committee will consist of three (3) persons appointed by the Tournament Director. Any discipline problems will be handled immediately after the game. The committee will meet first with the referee and/or linesman. Next, they will meet with the coach and/or player. The committee will then decide what action, if any, is required. The coach and/or player so involved will then be notified of their decision.

DAMAGES TO THE RINK AND/OR FACILITIES:

Due to previous damages in the past, each team manager or coach will have to check out with the tournament director at the end of their last game to make sure the locker rooms are kept in good repair. Should any person willfully damage any property, all costs of repairs or replacement shall be done at the expense of the team or the person (s) causing such damage. Immediate arrangements for restitution must be made with the rink manager and violations of this rule are cause of disqualification from the tournament.

PROTESTS:

The line of protest is: 1) the on-ice officials; 2) protest committee (three person minimum) consisting of the tournament director, a local official, and one or more other persons. There may be NO protest on the playing rules, interpretation of playing rules by on-ice officials or judgment calls. If a referee or linesman fails to appear for a game and the coaches agree to play the coaches lose the right to protest any aspect of the game. Protests must be in writing and submitted within 15 minutes of completion of the game. A \$100 fee will accompany all protests. If the protest is upheld, the fee will be returned.



BUTTAMA-01

AMCNICHOLS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Butte Office Marsh McLennan Agency LLC PO Box 3089 Butte, MT 59702	CONTACT NAME: PHONE (A/C, No, Ext): (406) 494-8000 FAX (A/C, No): (406) 494-7641 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity Insurance Company 18058 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Butte Amateur Hockey Association (BAHA) and Butte Community Ice Center P.O. Box 3934 Butte, MT 59702		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK2552335	5/6/2023	5/6/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					

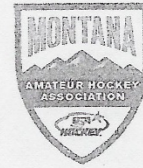
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER National Hockey Association	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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USA HOCKEY SANCTIONED TOURNAMENT SAFE SPORT PROGRAM PROTOCOL

TOURNAMENT
HOST
TOURNAMENT DATE

Don James Memorial
Butte Amateur Hockey Association
January 26-28 2024



NAME	Position	Yes or No		verified by MAHA	
		SAFE SPORT	BACKGROUND	(initialed)	EXAMPLE
Joe Schmoe	Medical staff	N/A	N/A	(initialed)	EXAMPLE
Kari Riley	LR Monitor	yes	yes	(initialed)	EXAMPLE
Kira Strande	Volunteer	yes	yes		
Johan Beekes	Coach	yes	yes		
Dan Blando	LR Monitor	yes	yes		
Alicia Bogart	Volunteer	yes	yes		
Brant Bristol	volunteer	yes	yes		
Jason Brown	Coach	yes	yes		
Mary Brown	Age Rep	yes	yes		
Jennifer Coumbbe	Age Rep	yes	yes		
Josh Coulombe	Coach	yes	yes		
Trisha Cracraft	volunteer	yes	yes		
Michael Czchura	Volunteer	yes	yes		
Rachel D'Amico	Volunteer	yes	yes		
Jeff Dennehy	Coach	yes	yes		
Cherie Estenson	Age Rep	yes	yes		
Bee Anna Evans	Volunteer	yes	yes		
Julie Flammang	Volunteer	yes	yes		
Kaitlyne Gillis	Volunteer	yes	yes		
James Gustafson	volunteer	yes	yes		
Jody Hierholzer	Coach	yes	yes		
Brittnay Hintz	Age Rep	yes	yes		
Kyle Hintz	Volunteer	yes	yes		
Corey Markovich	volunteer	yes	yes		
Oly Petersen	Age Rep	yes	yes		
Tia Roberts	Volunteer	yes	yes		
Willow Rossmiller	Volunteer	yes	yes		
Ryan Schleusner	Volunteer	yes	yes		
Craig Smith	volunteer	yes	yes		

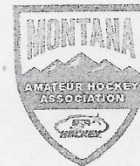
*** add pages if needed

Please read protocol rules (printed in the MAHA Tournament guide page 24-26) to find out who needs to be listed and verified.
List must be turned in NO LATER that 5 days prior to start of tournament for MAHA Verifications.

USA HOCKEY SANCTIONED TOURNAMENT SAFE SPORT PROGRAM PROTOCOL

TOURNAMENT
HOST
TOURNAMENT DATE

Don James Memorial
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NAME	Position	Yes or No		verified by MAHA	
		SAFE SPORT	BACKGROUND	(initialed)	EXAMPLE
<i>Joe Schmae</i>	<i>Medical staff</i>	<i>N/A</i>	<i>N/A</i>	<i>(initialed)</i>	<i>EXAMPLE</i>
<i>Kari Riley</i>	<i>LR Monitor</i>	<i>yes</i>	<i>yes</i>	<i>(initialed)</i>	<i>EXAMPLE</i>
<i>Stephanie Stodden</i>	<i>Tournament Dir.</i>	<i>yes</i>	<i>yes</i>		
<i>James Strande</i>	<i>Volunteer</i>	<i>yes</i>	<i>yes</i>		
<i>Dustin Varny</i>	<i>Volunteer</i>	<i>yes</i>	<i>yes</i>		
<i>Noah Williamson</i>	<i>Coach</i>	<i>yes</i>	<i>yes</i>		
<i>Kristi Wilson</i>	<i>Volunteer</i>	<i>yes</i>	<i>yes</i>		
<i>Katelyn Woods</i>	<i>Volunteer</i>	<i>yes</i>	<i>yes</i>		
<i>Zach Woods</i>	<i>Coach</i>	<i>yes</i>	<i>yes</i>		

*** add pages if needed

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