



ATIKOKAN MINOR HOCKEY 2015-2016 REGISTRATION

NAME: _____		AGE: _____
D.O.B. / / <small>mm dd yyyy</small>		HEALTH CARD: _____
ADDRESS: _____	BOX #: _____	PHONE: _____
EMAIL <i>for year end receipt</i> : _____		CELL #: _____
DID YOU PLAY HOCKEY LAST YEAR: <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE INDICATE WHICH LEAGUE YOU ARE REGISTERING FOR:

	Age (as of Dec 31 this yr)	Registration Fee	After Registration Date (Late Fee)
IP-1 <input type="checkbox"/>	4, 5 & 6	\$280.00	\$330.00
NOVICE <input type="checkbox"/>	7 & 8	\$350.00	\$400.00
ATOM <input type="checkbox"/>	9 & 10	\$350.00	\$400.00
PEEWEE <input type="checkbox"/>	11 & 12	\$350.00	\$400.00
BANTAM <input type="checkbox"/>	13 & 14	\$350.00	\$400.00
MIDGET <input type="checkbox"/>	15, 16 & 17	\$350.00	\$400.00

All new players must provide copy of Birth Certificate.

PARENTS AND GUARDIANS

I HEREBY AUTHORIZE MY CHILD: _____

Who is physically fit to participate in the Atikokan Minor Hockey Program and that he/she will abide by all rules and regulations of the Association. I understand that all players are subject to movement within their own league for the sake of balance, if required.

SIGNATURE: _____ **DATE:** _____

Appendix A

AMHA Players Rules and Expectations

1. I understand that hockey is a team sport. I will be a responsible Team Member.
2. I understand that other players have abilities and strengths that differ from my own. I will act as a good example and encourage my teammates.
3. I will make attendance a priority. I will be on time and fully dressed for games and practices 15 minutes prior to ice time. Missed games and practices may result in my being denied tournament play.
4. I will work hard to improve my skills, giving 100% efforts at all times.
5. I will respect my coach, my teammates, the opposition, all officials, parents and spectators on and off the ice.
6. I will portray, at all times, a positive image of the AMHA at exhibition and tournament events.
7. I will not argue with an official's decision.
8. I will learn the rules of the game and play by them.
9. I understand breaking these rules will result in disciplinary action ranging from sitting on the bench, game suspensions or possible removal from the league. Infractions will be dealt with initially by my coach, and then brought to the attention of my parents, the league convener, and AMHA discipline committee if necessary.

I have read and understand the above AMHA Players Rules and Expectations and agree to follow them to ensure a fun and safe hockey season.

Signature of Player

Date

Signature of Parent/Guardian

Date

Appendix C

Parents and Guardians Rules and Expectations

1. Your child is part of a team. Endeavour to have him or her attend all games and practices. Poor attendance may result in being denied eligibility to participate in tournaments.
2. Have your child at the arena dressed and ready to play at least 15 minutes prior to start time.
3. Allow the coaching staff prep time with the players 15 minutes prior to start time of all practices and games. This allows important prep time with the team.
4. Encouragement, praise and positive remarks will help your child develop.
5. Ensure your child plays by the rules and respects coaches, officials and players at all times.
6. Refrain from negative comments.
7. AMHA consists of volunteers that are trying to do the best for your child. Participation in AMHA programs is a privilege and not a right.
8. Your child's hockey program cannot support itself with registration fees only. Participation in various fundraising ventures is expected.

As A Spectator

1. Display sportsmanship. Always respect players, coaches and officials.
2. Cheer good plays of **all** participants.
3. Cheer in a positive manner. Profanity jeers and objectionable gestures are offensive and will not be tolerated.
4. Do not throw anything on the ice.
5. Respect change rooms as private areas for the coaches and players.

I acknowledge that I have read and understand the above expectations and agree to participate in a positive and supportive manner to ensure the best possible playing environment for my child and other participants.

Signature of Parent/Guardian

Date



HOCKEY NORTHWESTERN ONTARIO

CODE OF CONDUCT

1. H.N.O. is committed to providing a sport environment in which all individuals are treated with respect.
2. During the course of all H.N.O. activities athletes, coaches, parents, directors, volunteers, staff, chaperones and others shall:
 - a) Conduct themselves, at all times, in a fair and responsible manner and refrain from comments or behaviours that are disrespectful, offensive, abusive, racist or sexist. In particular, H.N.O. will not tolerate behaviour that constitutes harassment, abuse or bullying, and;
 - b) Avoid behaviour which brings H.N.O., or the sport of hockey into disrepute, including but not limited to the abusive use of alcohol and/or non-medical use of drugs and;
 - c) Not use unlawful performance enhancing drugs or methods, nor shall they engage in activity or behaviour that endangers the safety of others, and;
 - d) At all times adhere to Hockey Canada and H.N.O. operational policies, procedures and any rules governing any competition in which they participate on behalf of H.N.O.
3. Failure to comply with this Code of Conduct may result in disciplinary action, including, but not limited to, the loss or suspension of certain or all privileges connected with H.N.O. including the opportunity to participate in H.N.O. activities. Such discipline may include the removal or ban from an arena, games, practices and other team activities.

Parent's Signature

Date

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

Date of last complete physical examination: _____

* Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|-----|----|---|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears glasses |
| Yes | No | Are lenses shatterproof |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |
| Yes | No | Diabetic – Type I _____ Type 2 _____ |
| Yes | No | Medication |
| Yes | No | Allergies |
| Yes | No | Wears a medical information bracelet or necklace
For what purpose? _____ |



- Yes No Has any health problem that would interfere with participation on a hockey team
- Yes No Has had an illness that lasted more than a week and required medical attention in the past year
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Has been admitted to hospital in the last year
- Yes No Surgery in the last year
- Yes No Presently injured. Injured body part: _____
- Yes No Vaccinations up to date
Date of last Tetanus Shot: _____
- Yes No Hepatitis B vaccination

Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

I understand that it is my responsibility to keep the team Hockey Trainer advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which it is collected and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.