

Players Wanted!!

We are holding registration sessions on June 19 and July 4 2019 at the Nak'azdli Youth Centre (behind the Nak'azdli outdoor arena) from 6:00-8:00. We will use the computers at the Youth Centre to help people complete the registration process online.

At midnight on July 4th registration rates for RETURNING players will be \$100 more. You can register for a fun filled season with the Fort St. James Stars using the link to our TeamSnap on the registration page of our website. This new system has the ability to accept offline payments and makes it easier for players that are sponsored by a First Nations Band to register online. Our goal is to get 80 percent of players registered online this season.

Don't be afraid of failing, Be afraid of not trying....

FSJ Minor Hockey Association would love to see some new faces out this season. If after 2 weeks of play your child is not interested in finishing the season your registration fee will be refunded (minus insurance costs of approximately \$35.00). We also have 4 complete sets of 5-6 year old gear available to loan courtesy of Fort St. James Early Childhood Education!

Do you have 3 children registered with the FSJ Minor Hockey Association?

If you have 3 (or more) children living under the same roof all registered with the FSJ Minor Hockey Association your third and additional children receive a \$100 discount on their registration fee.

Payment

Pay online through the TeamSnap registration page, pay offline with a cheque, a cheque post dated for September 3, 2019, cash, have FSJMHA invoice your sponsoring First Nations Band. If a player's registration payment is returned NSF, that player will be immediately be suspended from further play until payment is made. A \$30 fee will be charged on all returned cheques. If your sponsoring First Nations Band declines paying your registration fee FSJMHA will invoice parents and they will be responsible for paying the registration fee in a timely manner.

Concession Deposit

If you did not complete your 8 hours of concession work last season you will need to pay the \$150.00/family concession deposit at registration. If you did complete your hours....THANK YOU... your deposit will be rolled over from last year. The registration page on www.fsjmha.ca has a link to a document that shows who completed their concession hours in the 2018/19 season.

FORT ST JAMES MINOR HOCKEY ASSOCIATION
Offline Registration Form 2019/2020

Player Name: _____ Date of Birth: Year _____ Month _____ Day _____

Address: _____ Postal Code: _____

Phone #: _____ Cell# _____ Email Address: _____

Last Association Played: _____ FSJMHA: _____ Other: _____

Parents/Guardian: Mother _____ Father _____

YOUR CONTACT INFORMATION WILL BE DISCLOSED TO FSJMHA VOLUNTEERS

Permission: I/we hereby give permission for the above named child(ren) to take part in Fort St. James Minor Hockey Association program. I/we will not hold FSJMHA, coaches, referees, executive, or members legally responsible for any accidents or injuries sustained by the above named child(ren) while under the supervision of FSJMHA. I/we understand that by enrolling my/our child(ren) in the FSJMHA, I/we apply to become a member and advocate for the FSJMHA. I/we agree to abide by the rules and regulations of the FSJMHA. I/we allow the use of our sons/daughters photo or articles concerning hockey to be published by the local media and on the FSJ Minor hockey website and Facebook Page. I/we also agree that any problems arising throughout the year are to be expressed in writing and delivered to the President.

SIGNED: _____ DATED: _____

Parent Volunteers Positions Available

Our association could not survive without many volunteers. Please support the coaches and our players by volunteering for one of the many positions required.

Please put a check mark next to any of the below volunteer positions that you are interested in:

Coach ____ **Assistant Coach** ____ **Team Manager** ____

Time Keeper ____ **Team Tournament Coordinator** ____ **Executive Member** ____

If you have checked off (Coach/Assistant Coach or Team Trainer) please specify your Level of Certification

ANY VOLUNTEERS WORKING WITH PLAYERS MUST COMPLETE THE “RESPECT IN SPORT” ONLINE COURSE (FORMERLY SPEAK OUT). ALL COACHES MUST BE CERTIFIED AND SUBMIT THEIR CRIMINAL RECORD CHECK. ALL COURSES WILL BE PAID FOR BY FSJMHA.

Birth Year	Age on Dec 31, 2019	Level	Early Bird Fee	Late Reg Fee for returning players
2014 & 2013	5 & 6	Tykes	\$200	\$300
2012 & 2011	7 & 8	Novice	\$230	\$330
2010 & 2009	9 & 10	Atoms	\$250	\$350
2008 & 2007	11 & 12	Pewee	\$250	\$350
2006 & 2005	13 & 14	Bantam	\$250	\$350
2004 -2002	15 - 17	Midget	\$250	\$350

Last Name	First Name	DOB	Fee

If you have 3 children registered with FSJMHA the 3rd child's registration is \$100 off

OFFICE USE ONLY

DATE: _____

PAYMENT METHOD:

CASH _____

MONEY ORDER _____

CHEQUE _____ POST DATED (1) _____ (2) _____ (3) _____

CONCESSION FEES _____

AMOUNT PAID: _____

RECEIPTED BY: _____

CONCESSION HOURS COMPLETED 2018/2019: YES_____ NO_____



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____ Cell: (____) _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____

Business Phone Number: (____) _____

Parent/Guardian #2: Name _____

Business Phone Number: (____) _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player: _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____

Telephone: (____) _____

Dentist's Name: _____

Telephone: (____) _____

Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

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

- | | | |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Medication | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured
Injured body part: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date
Date of last Tetanus Shot: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes – Type 1 _____ Type 2 _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace
For what purpose? _____ | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem | | |

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

Medications: _____

Recent injuries: _____

Allergies: _____

Any information not covered above: _____

Medical conditions: _____

I understand that it is my responsibility to keep the team Safety Person 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 Player: _____

Date: _____

Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.



SAFETY AND RISK MANAGEMENT MANUAL

Fort St. James Minor Hockey Association PARENT - CONTRACT

It is the intention of this CONTRACT to promote fair play and respect for all participants within the Association. All parents must sign this pledge before being allowed to participate in hockey and must continue to observe the principles of Fair Play.

FAIR PLAY CODE

I will not force my child to participate in hockey.

I will remember that my child plays hockey for his or her enjoyment, not mine.

I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.

I will teach my child that doing one's best is as important as winning so that my child will never feel defeated by the outcome of the game.

I will make my child feel like a winner every time by offering praise for competing fairly and hard.

I will never ridicule or yell at my child for making a mistake or losing a game.

I will remember that children learn by example. I will applaud good plays and performances by both my child's team and their opponents.

I will never question the official's judgment or honesty in public. I recognize officials are being developed in the same manner as players.

I will support all efforts to remove verbal and physical abuse from children's hockey games.

I will respect and show appreciation for the volunteers who give their time to hockey for my child.

I agree to abide by the principles of the FAIR PLAY CODE as set by Hockey Canada and supported by the Association and the FSJ Minor Hockey Association's Fair Ice Policy .

I also agree to abide by the rules, regulations and decisions as set for the Fort St. James Stars Minor Hockey Association. I agree that any problems arising throughout the year are to be expressed in writing and delivered to the president

SIGNATURES:

PRINT
NAME _____ DATE _____ INITIALS _____

PRINT
NAME _____ DATE _____ INITIALS _____

typing your initials is equivalent to signing the hard copy of this form



SAFETY AND RISK MANAGEMENT MANUAL

Appendix A

Fort St. James Minor Hockey Association

PLAYER CONTRACT

It is the intention of this contract to promote fair play and respect for all participants within the Association. All players must sign this contract stating that they will observe the principles of the Fair Play Code before being allowed to participate in hockey.

FAIR PLAY CODE

I will play hockey because I want to, not because others or coaches want me to.

I will play by the rules of hockey and in the spirit of the Game.

I will control my temper - fighting or "mouthing-off" can spoil the activity of everyone.

I will respect my opponents.

I will do my best to be a true team player.

I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.

I will acknowledge all good plays and performances - those of my team and my opponents.

I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

I agree to abide by the principles of the FAIR PLAY CODE as set by Hockey Canada and supported by the Fort St. James Minor Hockey Association.

I also agree to abide by the rules, regulations and decisions as set by the Fort St. James Minor Hockey Association and the Association's Fair Ice Policy.

child #1 Name: _____ DATE _____ Initials: _____

child #2 Name: _____ DATE _____ Initials: _____

child #3 Name: _____ DATE _____ Initials: _____

Typing your initials is equivalent to signing the paper copy of this form
