

Fort st james minor hockey association 2017-2018

Player registration

Checklist for registration

- ✓ Registration package - download at www.fsjmha.ca
- ✓ Fair Play Contract - signed by both player & parent
- ✓ Medical Information Form - completed in full by parent
- ✓ Concession Fees - \$150 due at time of registration
- ✓ Method of Payment - cash/cheque/money order/post-dated cheques/visa via online
- ✓ Volunteer choices/clinics - signed up at time of registration
- ✓ Coaches - Criminal Record Check completed by September 1, 2017
- ✓ Child's care card brought to registration

Please read through the following information entirely before filling out your registration form

- **Early bird rates end at midnight on June 22th 2017. After this date returning player's fees will be \$100 more.**
- One registration form to be used for EACH player registering
- A single payment may be used for multiple registration forms per family
- To save time on registration day, you may download the form from www.fsjmha.ca
- **THERE IS SOME DUPLICATION OF INFORMATION ON THE REQUIRED FORMS. PLEASE COMPLETE EACH FORM IN FULL.**
- **NO PLAYER WILL BE ALLOWED ON THE ICE UNTIL THE REGISTRATION AND CONCESSION FEES HAVE BEEN RECEIVED IN FULL AND ACCEPTED BY FSJMHA**
- 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
- The concession fee is required at the time of registration! Your child will not be registered until concession deposit is made in full. FSJMHA requires 8 hours of designated volunteer time for the concession.
- Players or parents wishing to take the referee/coaching/HSP courses please indicate at the time of registration
- If you are wanting to coach you must get your criminal record done by September 1, 2017 so that it will be processed in time for the start of the season.

FORT ST JAMES MINOR HOCKEY ASSOCIATION
Registration Form 2017/2018

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

Address: _____ Postal Code: _____

Phone #: _____ Cell# _____ Email Address: _____

Care Card#: _____ Medical Allergies: _____

Medical History: _____

Family Doctor: _____ Family Dentist: _____

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, 2016	Level	Early Bird Fee
2012 & 2011	5 & 6	Tykes	\$190
2010 & 2009	7 & 8	Novice	\$220
2008 & 2007	9 & 10	Atoms	\$240
2006 & 2005	11 & 12	Peewee	\$240
2004 & 2003	13 & 14	Bantam	\$240
2002 -2000	15 - 17	Midget	\$240

Last Name	First Name	DOB	Fee

3rd or more children are half price

OFFICE USE ONLY

DATE: _____

PAYMENT METHOD:

CASH _____

MONEY ORDER _____

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

CONCESSION FEES _____

AMOUNT PAID: _____

RECEIPTED BY: _____

CONCESSION HOURS COMPLETED 2016/2017: YES_____ NO_____



PLAYER MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: _____

Provincial Health Number: _____

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

Business Telephone Numbers: Mother _____ Father _____

Person to contact in case of accident or emergency, if parents are not available.

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Please check yes below to what pertains to you child

- | | | |
|-----|----|--|
| 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 |
| Yes | No | Has had an illness lasting more than a week in the past year |
| Yes | No | Medication |
| Yes | No | Allergies |



- | | | |
|-----|----|---|
| Yes | No | Wears a medic alert bracelet or necklace. |
| Yes | No | Does your child have any health problem that would interfere with participation on a hockey team? |
| Yes | No | Surgery in the last year. |
| Yes | No | Has been in hospital in the last year. |
| Yes | No | Has had injuries requiring medical attention in the past year. |
| Yes | No | Presently injured. |

Please give details below if you answered "Yes" to any of the above items.

Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

Any information not covered above: _____

Date of last complete physical examination: _____

* Any medical condition or injury problem should be checked by your physician before participating in a hockey program.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital/M.D. 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: _____



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
