



FAIRVIEW MINOR HOCKEY ASSOCIATION
 Box 2206
 Fairview, Alberta T0H 1L0

**PLAYER REGISTRATION FORM
 2017-2018 SEASON**

PLAYER INFORMATION (Please Print)

LAST NAME	FIRST NAME	GENDER (CIRCLE) F M
STREET ADDRESS (NO PO BOX PLEASE)	TOWN	POSTAL CODE
LEGAL LAND DESCRIPTION (IF APPLICABLE)	HOME PHONE	PLAYER CELL PHONE
DATE OF BIRTH ____/____/____ MM DD YYYY	BIRTH CERTIFICATE (NEW REGISTRANTS ONLY)	AB HEALTH CARE #
I AM A RESIDENT OF (CIRCLE) TOWN OF FAIRVIEW MD OF FAIRVIEW CLEAR HILLS COUNTY HINES CREEK OTHER: _____.		

TEAM INFORMATION (PLEASE PRINT)

DIVISION	PREVIOUS ASSOCIATION	NUMBER OF YEARS PLAYING
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PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

MOTHER'S (GUARDIAN) NAME	EMAIL ADDRESS	
MAILING ADDRESS	TOWN	POSTAL CODE
HOME PHONE	MOTHER'S WORK PHONE	MOTHER'S CELL PHONE
FATHER'S (GUARDIAN) NAME	EMAIL ADDRESS	
MAILING ADDRESS	TOWN	POSTAL CODE
HOME PHONE	FATHER'S WORK PHONE	FATHER'S CELL PHONE

SIBLINGS REGISTERED

NAME	DIVISION	NAME	DIVISION
NAME	DIVISION	NAME	DIVISION

FOR REGISTRAR/TREASURER USE ONLY

Fee Description	Amount	Date	Method of Payment
Total			
Fundraising Bond	\$500.00	December 31, 2017	

REGISTRATION FEES: Registrations received after September 8, 2017 will be subject to a \$100.00 late fee with the exception of Initiation players.

DIVISION	INITIATION	NOVICE	ATOM	PEE WEE	BANTAM	MIDGET
BIRTH YEAR	2011-2013	2009-2010	2007-2008	2005-2006	2003-2004	2000-2002
FEE - REGULAR	\$275.00	\$430.00	\$595.00	\$625.00	\$650.00	\$675.00
FEE - EARLY -15% (JUNE)	\$233.75	\$365.50	\$505.75	\$531.25	\$552.50	\$573.75
FEE - LATE (After Sept.8)	\$275.00	\$530.00	\$695.00	\$725.00	\$750.00	\$775.00
FEMALE DIVISION (CHECK)						

There is a maximum family registration fee of \$1250.00 for registered players from one immediate family.

A \$45 fee will be charged on all dishonored cheques.

REGISTRATION WAIVER

I, the undersigned, certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing this certificate I have become subject to the rules, regulations and decisions of Hockey Alberta, its Board of Directors, its Minor Hockey Associations, Leagues, or Clubs which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Alberta, its Board of Directors, its Minor Hockey Associations, Leagues, or Clubs. Further, the information requested above is required by Hockey Alberta and its Minor Hockey Associations to facilitate hockey programs on behalf of the registrant, Hockey Alberta and its Minor Hockey Associations.

All players and officials associated with Fairview Minor Hockey Association are covered by mandatory liability insurance through Hockey Alberta. This IS NOT an accident insurance policy.

LIABILITY RELEASE: In consideration of the Fairview Minor Hockey Association (FMH) accepting this application, I hereby waive and release any and all rights and claims for damages against FMH for any and all injuries during any of the activities sanctioned by the Executive for the child(ren) named herein, his/her heirs, executors, and/or administrators. I accept full responsibility for the behavior of the child (ren) named herein on and off the ice.

REGISTRATION will not be considered complete until all registration fees are paid in full and all additional cheque requirements are received by FMH along with all documents including: registration form, player and parent code of conduct forms, parent declaration form, player verification (when required) form, and player medical form. All documents must be fully completed and signed by registrants' and/or his or her parent(s) or guardian. A \$45.00 fee will apply to any dishonored cheques.

*** NO PLAYER WILL BE ALLOWED ON THE ICE UNTIL FULLY REGISTERED WITH FMH ***

Hockey Alberta and Fairview Minor Hockey will treat this personal information with the utmost respect and in accordance with the Hockey Alberta Privacy Policy and the Fairview Minor Hockey Privacy Policy at all times. Hockey Alberta or Fairview Minor Hockey does not sell trade or otherwise share the information we collect outside our Minor Hockey Associations, Affiliates, Leagues, or Clubs. However we may from time to time use this information for the purposes of offering additional services and/or hockey specific research. This type of usage of your child's personal information by Hockey Alberta, Minor Hockey Associations, Leagues, or Clubs is entirely at your discretion. There may from time to time be photos taken of your child for various League programs, the FMH web site or for team advertisements under which only your child's name will appear.

Should you choose to allow this type of usage please INITIAL the box here: [] []

PARENT/GUARDIAN SIGNATURE:

PARENT NAME (PLEASE PRINT)	SIGNATURE	DATE
PARENT NAME (PLEASE PRINT)	SIGNATURE	DATE

Options		Cost	Check
Flyers Conditioning Camp	Novice & up	\$90.00	
4 on 4 Tournament	Atom & Peewee	\$75.00	
Name Bar New	Home & Away	\$18.00	
Name bar installation & removal	Home & Away	\$20.00	

Please review and initial the following terms:

_____ **CONDITIONS:** All registrations are subject to review by the Registrar and no registration will be approved until all fees are paid and required documentation is received. A non-refundable fee of \$100.00 will be kept for administration charges for refund requests on or after September 30, 2017. Refunds will not be given after card completion, November 15, 2017. Exceptions where there is a medical note or injuries/or proof of relocation given.

_____ **FUNDRAISING:** Registration is undertaken with the understanding that fundraising will be required. A \$500 fundraising bond dated **December 31, 2017**, must be given at the time of registration. **It is up to every family to fulfill their required fundraising duties or their bond will be cashed.**

_____ **OUT OF TOWN PLAYERS:** It is the parents' responsibility to obtain releases from his/her hockey association before their registration is finalized. This must be completed on or before September 8, 2017. Failure to obtain a release means that your child will not participate in any team activity (practices, games etc)

Release Required (circle) **No** **Yes** (Name of Home Organization) _____

_____ **RESPECT IN SPORT** - at least one parent or guardian of the player's family **MUST** take the **MANDATORY** Respect in Sport Module available online through Hockey Alberta. Cost is paid by the parent. Hockey Alberta website is: www.hockeyalberta.ca at the top on the left hand side. This course takes approximately one hour to complete. Please ensure you list Fairview Minor Hockey as the home association and link your child(ren) to your account. **You must notify the registrar when you have completed the course. Deadline: September 8, 2017**

RESPECT IN SPORT COMPLETED: **Yes** **No**

_____ **VOLUNTEERS:** Our association depends on volunteers. Please consider volunteering for one of the following roles on your child's team. FMH will pay registration fees for volunteers to become certified coaching personnel (circle those that apply). Coaches and Assistant coaches are required to complete a criminal records check.

Coach Assistant Coach Trainer Manager Referee Tournament Coordinator

_____ **WEBSITE:** Every parent/guardian is required to visit the website: www.fairviewminorhockey.com for updates and current information.



FAIRVIEW MINOR HOCKEY ASSOCIATION
BOX 2206
FAIRVIEW, AB T0H 1L0

FOIP CONSENT FORM 2017-2018 Season

Player Name: _____

Name of Parent/Guardian: _____

RE: POSTING PERSONAL INFORMATION TO THE FAIRVIEW MINOR HOCKEY ASSOCIATION WEBSITE AND RELEASE OF PERSONAL INFORMATION FOR LEAGUE PURPOSES.

- I/We consent to the disclosure of personal information (ie name, photographs, hockey stats, awards, prizes, etc.) about the above listed player to the website of the Fairview Minor Hockey Association.
- I/We are aware that by giving this consent, I/We are permitting personal information about my/our child, which may be viewed by anyone who accesses the above named website and that if consent is withheld, this posting would not occur.
- I/We consent that any information given to the Registrar or collected by the manager of the team which my/our child plays and the coach of the team to which he/she has been assigned may be disclosed and my/our child's phone number and email address to other parents on the team in the form of a team contact list.
- I/We further understand that this consent is valid for one year and may be withdrawn by me/us at any time upon written notice. In the event that consent is withdrawn, I/We understand that information about our child will be removed from the website and team lists.

I/We have given this consent voluntarily.

Signed:

_____ On _____
Place of Signature *Date*

Signature

Witness

PLAYER REGISTRATION FORM
2017-2018 SEASON



PARENT'S PLEDGE

It is the intention of this pledge to promote proper behavior 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.

CODE OF CONDUCT FOR PARENTS

1. I will not force my child to participate in hockey.
2. I will remember that my child plays hockey for his/her enjoyment, not mine.
3. I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.
4. 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.
5. I will make my child feel like a winner every time by offer praise for competing fairly and hard.
6. I will never ridicule or yell at my child for making a mistake or losing a game.
7. I will remember that children learn by example. I will applaud good plays and performances by both my child's team and his/her opponents.
8. I will never question the official's judgment or honest in public. I recognize officials are being developed in the same manner as players.
9. I will support all efforts to remove verbal and physical abuse from children's hockey games.
10. 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 this CODE as set and supported by this Association. I also agree to abide by the rules, regulations and decisions as set for this Association.

PARENT NAME (PRINT)	PARENT SIGNATURE	DATE
PARENT NAME (PRINT)	PARENT SIGNATURE	DATE



PLAYER'S PLEDGE

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

CODE OF CONDUCT FOR PLAYERS

1. I will play hockey because I want to, not because others or coaches want me to.
2. I will play by the rules of hockey and in the spirit of the Game.
3. I will control my temper- fighting or "mouthing-off" can spoil the activity of everyone.
4. I will respect my opponents.
5. I will do my best to be a true team player.
6. I will remember that winning isn't everything- that having fun, improving skills, making friends and doing my best are also important.
7. I will acknowledge all good plays and performances- those of my team and my opponents.
8. 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 this CODE as set and supported by this Association. I also agree to abide by the rules, regulations and decisions as set for this Association.

PLAYER NAME (PRINT)	PLAYER SIGNATURE	DATE
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FAIRVIEW MINOR HOCKEY ASSOCIATION MEDICAL FORM

PLAYER INFORMATION (Please Print)

LAST NAME	FIRST NAME	GENDER (CIRCLE) F M
STREET ADDRESS (NO PO BOX PLEASE)	TOWN	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	LEGAL LAND DESCRIPTION (IF APPLICABLE)	DATE OF BIRTH ____ / ____ / ____ MM DD YYYY
HOME PHONE	CELL PHONE	AB HEALTH CARE #

EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	RELATIONSHIP TO PLAYER
HOME PHONE	WORK PHONE	CELL PHONE
FAMILY DOCTOR'S NAME	PHONE	DATE OF LAST PHYSICAL
FAMILY DENTIST'S NAME	PHONE	

PLEASE ADVISE YOUR COACH, TEAM MANAGER AND FMH EXECUTIVE OF ANY HEALTH RESTRICTIONS

	YES	NO
1. Have you ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are presently taking any medications or pills?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are presently taking any vitamins or supplements?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any allergies? (medications, bees, etc).....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please list: _____		
4. Have you ever passed out during or after exercising?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercising?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercising?.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heart beats?.....	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or sudden death before age 50?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any skin problems (itching, rashes or acne)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had heat or muscle cramps?.....	<input type="checkbox"/>	<input type="checkbox"/>

- Have you ever been dizzy or passed out in the heat?
7. Do you have trouble breathing or do you cough during or after activity?
8. Do you use any special equipment (pads, braces, eye guards, etc)?
- Do you use any dental appliances?
9. Have you had any problems with your eyes or vision?
- Do you wear eyeglasses, contacts or protective eye wear?
10. Have you had any other medical problems (infectious mononucleosis, diabetes, etc)?
11. Have you had a medical problem or injury since your last medical?
12. Have you had any unexplained weight change?
- YES** **NO**
13. Has your child received regular immunizations?

HEAD INJURIES/ CONCUSSION

- YES** **NO**
14. Have you ever had a seizure?
15. Have you ever had a head injury?
- Have you ever had a concussion or been "knocked out", "bell rung" or been "dinged"?
- If yes, please list: Number of occurrences: _____.
- Date(s): _____.
- Activity at time of injury: _____.
- Length of Unconsciousness (minutes): _____.
- Length of time before full return to activity: _____.
- Did you have persistent problems with: Memory?.....
- Dizziness?
- Headaches?

NECK INJURIES/ BURNERS/ STINGERS:

- YES** **NO**
16. Have you ever had a neck injury (ie strain, sprain, fracture, etc.)?
17. Have you ever had a stinger, burner or pinched nerve?
- Have you ever had a burning or numb feeling in the shoulder or arm after a hit to the head, neck or shoulder (aka Brachial plexus stretch injury)
- If yes, please list: Number of occurrences: _____.
- Date(s): _____.
- Activity at time of injury: _____.
- Length of sensation/ strength changes persisted _____.
- Length of time before full return to activity: _____.

Check any of the areas that you have INJURED IN THE PAST and explain the injury below

- | | | | | |
|--------------------------------|-------------------------------------|--------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Hand | <input type="checkbox"/> Hip | <input type="checkbox"/> Arm | <input type="checkbox"/> Ankle | <input type="checkbox"/> Back |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Shin/ Calf | <input type="checkbox"/> Chest | <input type="checkbox"/> Forearm | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist | <input type="checkbox"/> Thigh | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot |

Year of injury: _____.

Type of injury: _____.

Side (Left/Right/Both): _____.

Length of time before full return to activity: _____.

- YES** **NO**
- Is it still a problem?
- Explain injury: _____
- _____
- _____

18. Do you have any incompletely healed injuries?
- If yes, which injury? _____.

I hereby certify the above information to be correct.

PLAYER NAME (PRINT)	PLAYER SIGNATURE	DATE
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PARENT NAME (PRINT)	PARENT SIGNATURE	DATE
PARENT NAME (PRINT)	PARENT SIGNATURE	DATE