

Salmon Arm Minor Hockey Association

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 ☐ No ☐ Medication

Yes ☐ No ☐ Allergies

Yes ☐ No ☐ Previous history of concussions

Yes ☐ No ☐ Fainting or seizure during or after physical activity

Yes ☐ No ☐ Near fainting or Brownouts

Yes ☐ No ☐ Seizures and/or epilepsy

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 ☐ Palpitations or Racing Heart

Yes ☐ No ☐ Family history of heart disease

Yes ☐ No ☐ Family history of unexpected death during physical activity

Yes ☐ No ☐ Family history of unexplained death of a young person

Yes ☐ No ☐ Diabetes – Type 1 _____ Type 2 _____

Yes ☐ No ☐ Wears medical information bracelet/necklace
For what purpose? _____

Yes ☐ No ☐ 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 ☐ 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: _____

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: _____

*****Parent/Guardian PLEASE PUT YOUR EMAIL SO SAMHA CAN SEND YOU AN INVITE FOR ePACT (Emergency Information Network): _____*****



SAFETY AND RISK MANAGEMENT

SALMON ARM MINOR HOCKEY ASSOCIATION

PLAYER - CONTRACT

It is the intention of this CONTRACT to promote fair play and respect for all participants within the Salmon Arm Minor Hockey Association. All players must agree to this contract before being allowed to participate in hockey and must continue to observe the principles of Fair Play.

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 BC Hockey League and Salmon Arm Minor Hockey Association.

**YES I Agree to the Above
Terms**

I also agree to abide by the rules, regulations and decisions as set for the Salmon Arm Minor Hockey Association.

**YES I Agree to the Above
Terms**

Smart Phones and Other Mobile Recording Devices

I will not use Smart phones, iPads and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras, that are **PROHIBITED** to be used in any SAMHA event (Practice or Game) while in the dressing rooms. If phones or other mobile devices must be used, they will go outside of the dressing room. There are **NO EXCEPTIONS**. This includes any device that maybe used to play music but has the ability to record or take pictures. **NO TEXTING or READING of TEXTS while in the DRESSING ROOM.** I also understand that if I am caught using one of the above devices I can be removed from the dressing room and game/practice until a review is completed by the Salmon Arm Minor Hockey Association Board and my Parent/Guardian.

**YES I Agree to the Above
Electronic Device Contract**



SAFETY AND RISK MANAGEMENT

SALMON ARM MINOR HOCKEY ASSOCIATION

PARENT - CONTRACT

It is the intention of this CONTRACT to promote fair play and respect for all participants within the Salmon Arm Minor Hockey Association. All parents must agree to this contract 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 BC Hockey League and Salmon Arm Minor Hockey Association.

**YES I Agree to the Above
Terms**

I also agree to abide by the rules, regulations and decisions as set for the Salmon Arm Minor Hockey Association.

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Smart Phones and Other Mobile Recording Devices

I will not use Smart phones, iPads and other mobile devices with recording capabilities, including voice recording, still cameras and video cameras, that are **PROHIBITED** to be used in any SAMHA event (Practice or Game) while in the dressing rooms. If phones or other mobile devices must be used, I will go outside of the dressing room. I also agree to making sure my child also knows the rules regarding electronic devices within the dressing rooms. There are **NO EXCEPTIONS**. This includes any device that maybe used to play music but has the ability to record or take pictures. **NO TEXTING or READING of TEXTS while in the DRESSING ROOM.** I also understand that if I or my child are caught using one of the above devices I or Child can be removed from the dressing room until a review is completed by the Salmon Arm Minor Hockey Association Board.

**YES I Agree to the Above
Electronic Device Contract**