



Port McNeill Minor Hockey Club
 Box 805
 Port McNeill, BC V0N 2R0



2017 / 2018 Registration Package

Welcome to the 2017/2018 Co-ed Hockey Season!

Please find enclosed:

- Registration Form
- Medical Form
- Player's Contract
- Parent/Volunteer Information Sheet

DEADLINES:

- **Registration Deadline*** – July 15th for **RETURNING** players to guarantee a spot.
- **Parent Respect in Sport** – October 1st. All players will require at least **one** parent/guardian to successfully complete either the Parents Respect in Sport or the Coach/Manager level Respect in Sport, for players to be allowed on the ice. This is a BC Hockey MANDATORY requirement. (Parent RIS: <https://bchockeyparent.respectinc.com/> or Coach/Manager RIS: <https://respectgroupinc.com>)

Enclosed please find the 2017/2018 registration form, medical sheet and player contract. Please complete all sections of all forms; one registration package is required per player. All forms must be returned completed prior to the player participating on the ice. The fees for the upcoming season are outlined below.

Using the chart below, please fill in the division and associated fee(s) on the attached registration form. Divisions are based on player's year of birth.

Year of Birth	Category/Division	Early Registration (by July 15th)	Regular Fees (after July 15th)
2011 - 2013	First time player (Initiation)	\$265.00	\$315.00
2000 - 2010	First time player (all other divisions)	\$315.00	\$365.00
2011/2012/2013	Initiation	\$315.00	\$365.00
2009/2010	Novice	\$390.00	\$440.00
2007/2008	Atom	\$390.00	\$440.00
2005/2006	PeeWee	\$390.00	\$440.00
2003/2004	Bantam	\$415.00	\$465.00
2000/2001/2002	Midget	\$415.00	\$465.00
	3rd Child (any Division)	\$165.00	\$215.00
	Five session trial (any Division)	\$90.00	N/A
	Transfer Player	as above	N/A

***All registrations for returning players received by July 15th will be eligible for a \$50.00 early registration discount. Registrants will be placed on a first-come, first served basis until teams are full.**

Registration forms must be accompanied by a non-refundable insurance payment of \$60.00 per player.

This payment is transferable to the North Island Eagles (NIE) for players who join NIE teams in the fall. Remaining PMMHC fees must be submitted with your registration but can be divided into four equal post-dated cheques – dated June 30th, July 31th, August 31th and September 30th. Please make cheques payable to PMMHC. There is a \$20.00 fee for any NSF cheques.

Confidential financial assistance is available through *Kidsport* to a maximum of \$350 per child. **To qualify for this assistance you will need to complete the Kidsport application form and submit it with your PMMHC registration.** Please visit the following web site to download the application form:

http://www.kidsportcanada.ca/site/assets/files/1683/2014-ks_bc_application.pdf

Complete sections 1, 3 and 4 of the form including sign off by a reference (school principal, minister, etc). All applications must be completed and returned before any player will be allowed to attend any on ice sessions.

IMPORTANT: For the safety of our players, PMMHC has implemented that all new players in **any** division be required to have some skating ability before attending practices/games (ex. the ability to skate the length of the ice on their own). All new skaters are strongly encouraged to register in the Port McNeill CanSkate summer skate program or the fall CanSkate program.

Trials for beginning hockey players are offered at \$90.00 for five sessions. **A post dated cheque for the remaining fees (based on the player's Division) is due at time of registration.** If the beginning player wishes to continue playing after completing the trial, the cheque(s) will be cashed. If the player decides not to continue, the cheque(s) will be returned.

Our club runs 100% on volunteers, your child can't play this great game unless we have people to help out with coaching, managing teams, organizing tournaments and covering safety positions. We are also desperately short of referees. **If you are able to assist in any capacity please make note of this on your child's registration form and someone will contact you in the fall.**

Please send your payment and completed/signed forms by **July 15th, 2017** to:

Port McNeill Minor Hockey Club
PO Box 805
Port McNeill, BC
V0N 2R0

or drop it off at Timberland Sports

Watch for upcoming information on our Facebook page (Port McNeill Minor Hockey Club) for our annual hockey swap date and our 2017/2018 Hockey season start-up date.

Please contact Murray Estlin at (250) 956-3100 (email durango573@gmail.com) or Tammi Beek at (250) 956-9852 (email tkbeek@gmail.com) for any registration questions.

Enjoy the rest of the summer; see you at the arena in the fall!

Your PMMHC Executive

PLAYER REGISTRATION FORM 2017/2018 Season

All registration forms must be fully completed, signed by parent/guardian, received by Club Registrar and entered into the Hockey Canada Registrar (HCR) before any player will be allowed on the ice.

Player Information:

Last Name: _____ First Name: _____ DOB (M/D/Y): _____

Gender: M F Mailing Address (Box #): _____ Town: _____

Residential Address: _____ Province: _____

Postal Code: _____ Home Phone: _____ Care Card: _____

Division: Prenut/Peanut Novice Atom Peewee Bantam Midget

(See Bottom of Page 2 for description of age ranges for Divisions above)

Previous Minor Hockey Association: _____

(Transfer package and proof of residence required if new to the Tri Port Minor Hockey Association)

Parent/Guardian Contact Information:

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____ Lives with Player
Yes No

Email: _____

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____ Lives with Player
Yes No

Email: _____

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____ Lives with Player
Yes No

Email: _____

Parent/Guardian Name: _____ Cell Phone: _____ Home Phone: _____ Lives with Player
Yes No

Email: _____

Emergency Contact Name: _____ Phone: _____

Parents Section:

The local Hockey program is run 100% by volunteers. We are always looking for people to assist in various capacities throughout the year to make the hockey season successful for our children.

Are you willing & available to Coach or Assistant Coach? Yes No

Are you willing & available to be a Team Manager? Yes No

Are you willing & available to serve as a Team Safety Person? Yes No

Are you or your child (12 +yrs) willing to take the Referee course in October? Yes No

Has one parent/guardian completed the **MANDATORY*** Parent level Respect in Sport? Yes No

If No, please complete at <https://bchockeyparent.respectgroupinc.com/>

**Either Parents RIS or Coach level RIS will be accepted*

Please tick ✓ the applicable row

tick ✓	North Island Eagles Hockey Club	Tryout ¹	Fee if paid by July 21	Fee if paid after July 21st	Total Fee
	North Island Eagles Hockey – All Divisions (Early Bird fee)	\$125	\$500		\$625
	North Island Eagles Hockey – All Divisions (Regular fee)	\$125		\$550	\$675
	Tri Port Female Hockey	Fee if paid by July 30¹		Fee if paid after July 30¹	
	Tri Port Female - Intro to Female Hockey (Novice & older)		\$250		\$300
	Tri Port Female - PeeWee		\$400		\$450
	Tri Port Female - Bantam		\$400		\$450
	Tri Port Female - Midget		\$450		\$500
	Port Alice Minor Hockey Club – (All Divisions)	\$400			
	Port Hardy Hockey Club	Fee if paid by Aug 15th¹	Fee if paid by Aug 31st¹	Fee if paid after Sept 1st¹	
	Port Hardy Minor Hockey Club – Initiation (Prenut-Peanut)	\$325	\$350	\$375	
	Port Hardy Minor Hockey Club – Novice-Midget	\$400	\$425	\$450	
	Port McNeill Hockey Club	Fee if paid by July 15th¹		Fee if paid after July 15th¹	
	Port McNeill Minor Hockey Club – Prenut-Peanut		\$315		\$365
	Port McNeill Minor Hockey Club – Novice-PeeWee		\$390		\$440
	Port McNeill Minor Hockey Club – Bantam-Midget		\$415		\$465
	Port McNeill Minor Hockey Club – First time Prenut-Peanut		\$265		\$315
	Port McNeill MHC – First Time Player (all other Divisions)		\$315		\$365
	Port McNeill Minor Hockey Club – 3 rd Child any division		\$165		\$215
	Port McNeill Minor Hockey Club – 5 session trial any player		\$90		N/A

Confidential financial assistance is available through BC Kidsport. www.kidsportcanada.ca/british-columbia. It is the responsibility of the parent to apply for Kidsport assistance. All Kidsport applications must be completed and returned with the registration form prior to player participating on the ice

Parent/Guardian (PRINT): _____ Date: _____

Parent/Guardian (SIGNATURE): _____ Date: _____

SIGNATURE and WAIVER: We hereby acknowledge the authority of Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those governing bodies. **EQUIPMENT:** At the end of the season covered by this registration, we agree to return all equipment provided by the applicable hockey club within Triport Minor Hockey Association, in good condition and should we fail to do so we agree to reimburse the respective Club for the replacement cost. **RELEASE:** In consideration of this application to play under the auspices of Triport Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of Triport Minor Hockey Association. **DISCLOSURE:** By Submitting this registration form, we hereby authorize Triport Minor Hockey Association to disclose any and all information herein contained to such persons, firms or corporations as the Triport Minor Hockey Association shall, in its sole discretion, determine.

Age Range of Hockey Divisions:

- (1) **Prenut:** Age at December 31st of current registration year = 4 years old
- (2) **Peanut:** Age at December 31st of current registration year = 5-6 year olds
- (3) **Novice:** Age at December 31st of current registration year = 7-8 year olds
- (4) **Atom:** Age at December 31st of current registration year = 9-10 year olds
- (5) **PeeWee:** Age at December 31st of current registration year = 11-12 year olds
- (6) **Bantam:** Age at December 31st of current registration year = 13-14 year olds
- (7) **Midget:** Age at December 31st of current registration year = 15-17 year olds

OFFICE USE ONLY				
Fee Description	Date Paid	Cash ✓	Cheque #	Amount
TOTAL PAID				

¹ Fee includes \$60 insurance that is non-refundable but is transferrable to other hockey clubs within Tri Port MHA



PORT McNEILL MINOR HOCKEY CLUB
PLAYER CONTRACT

It is the intention of this contract to promote fair play and respect for all participants within the PMMHC. All Players must read through and sign this contract stating that they will observe the principles of the Fair Play Code at all times before being allowed to participate in hockey. The Principles are: **Respect the Rules. Respect the Opponents. Respect the Officials and their decisions. Maintain your self control at all times.**

FAIR PLAY CODE

- I will play hockey because I want to, not because anyone else wants me to.
- I will play by the rules of hockey and in the spirit of the Game.
- I will participate in every game and practice unless I am sick or injured. If I must miss a game or practice I will notify my coach or manager as soon as possible.
- I will control my temper—fighting or ‘mouthing-off’ is not acceptable conduct. I will refrain from using profane, racist or sexist language while engaged in PMMHC functions. Abusive or foul language directed towards teammates, coaches, parents, opponents or referees will not be tolerated and will result in disciplinary action.
- I will respect my opponents.
- I will do my best to be a true team player. I will not be critical of teammates and never discuss teammate’s abilities except to encourage good team play.
- I will not use alcohol, tobacco or drugs (excepting Doctor prescribed medications).
- I will remember that winning isn’t everything but striving to win is part of doing my best and that having fun, improving my skills and making new friends are also important.
- I will acknowledge all good plays and performances—those of my team as well as my opponents.
- I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.
- School will take precedence over hockey. I will maintain satisfactory work habits and effort at school.
- I will not bang my stick on the boards and I will not ‘Hot-dog’ after scoring a goal. I will share the success of a goal with my line mates first. When scored upon, I will support my goalie and commit to working harder to help him/her.
- I will be responsible for my own equipment and will make sure it is complete, safe and in good working condition and I will have my own water bottle for all games and practices.
- I will respect arena property, arena staff and other arena users. I will not wilfully damage equipment or the facility. I will ensure that dressing rooms are left clean before I leave. Spitting is not acceptable.
- I will remember that I am representing my team, PMMHC and the Town of Port McNeill. I will behave properly at all times in the arena, in public places and especially ‘on the road’.

(Top) Please keep for your reference

(Bottom) Remove and return with your completed registration form

I agree to abide by the terms of the Player Contract and the FAIR PLAY CODE as set by the Port McNeill Minor Hockey Club.

PRINT PLAYER’S NAME

PLAYER’S SIGNATURE

DATE



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (_____) _____

Provincial Health Number (optional): _____

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 1 _____ 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 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 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.

INFORMATION SHEET ON COACHES, ASST. COACHES, SAFETY PEOPLE AND TEAM MANAGERS

LAST NAME _____ FIRST NAME _____

RESIDENTIAL ADDRESS _____ P.O. BOX _____

TOWN _____ PROV. _____ POSTAL _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____ FAX _____

DATE OF BIRTH _____ MEDICAL # _____

YYYY-MM-DD

Please check one

HEAD COACH

ASSISTANT COACH

HOCKEY CANADA SAFETY PERSON (HCSP)

MANAGER

List courses taken and completion dates (if known)

Respect in Sport
(COACH LEVEL)

_____ date completed if known (Note: Course needs renewed every 4 years)

Coaching Courses Level 2

_____ date completed if known

Dev 1

_____ date completed if known

Other Relevant Courses

_____ Specify course name/type and date completed if known

Hockey Canada
Online Safety Course

_____ date completed if known (Note: Course needs renewed every 3 years)

Indicate if Criminal Record Check (CRC) is completed
and date completed (if known). CRCs are required every 3 years _____

DATE SIGNED _____

SIGNATURE _____