



**Please read this registration information prior to filling out the attached registration package.**

The deadline for early registration is July 30, 2017. To be considered complete, the registration package must include the following:

1. **ALL forms** complete & signed – registration, medical info, player contract & parent contract
2. a non-refundable initial payment of \$60 to cover insurance
3. the remainder of the registration fee (i.e., the registration fee minus \$60) paid in full or divided into three equal post-dated cheques – August 15<sup>th</sup>, September 15<sup>th</sup> and October 15<sup>th</sup>

**Please make cheques payable to:** *Tri Port MHA Female Hockey Program*

*KidSport Application* – [http://www.kidsportcanada.ca/site/assets/files/1683/2016\\_application.pdf](http://www.kidsportcanada.ca/site/assets/files/1683/2016_application.pdf) Confidential financial assistance is available through KidSport for up to \$400. *It is the parent's responsibility to complete the KidSport application.* Completed KidSport applications must be included as part of the registration package, along with the \$60 insurance fee. The Tri Port MHA Female Hockey Program will submit the completed application to KidSport for processing.

**Registration packages can be mailed to:** *Att: Female Hockey Program, Tri Port MHA  
P.O. Box 1751, Port McNeill, BC, V0N 2R0*

Female team configurations for the 2017/18 hockey season will depend on the number of applicants within each hockey division. Refer to the registration form for age breakdown by hockey division. In addition to following BC Hockey and Vancouver Island Amateur Hockey Association (VIAHA) requirements, the female hockey program has predetermined principles to guide how players are placed on teams, as teams may include underage and overage players. Input from coaches and parents is also considered.

Please note that there is no female hockey option for pre-nut and peanut aged players. Novice players are welcome to participate in the intro to female hockey group, but may want to consider co-ed house hockey as the intro program only practices once per week, with no cross-ice option.

Atom, peewee, bantam and midget players have the option of playing on travelling female teams as part of VIAHA's female rec league. Again, the female team configurations will depend on the number of applicants within each hockey division and may include a mix of ages (up to two years older and two years younger than the hockey division itself). *Atom-aged players – please select the peewee team option on the registration form.* If an age division is not a go due to numbers, the \$60 insurance fee will be refunded, along with the remainder of the registration fee.

Travelling female teams have two practices per week (rotating through the three North Island rinks) and regular weekend games as part of VIAHA's female rec league. Some games are played down island (approximately 4-6 weekends over the hockey season), and some are played locally, against other female teams from across Vancouver Island.

For players new to hockey, or players not wanting to travel, the intro to female hockey group is a great option. It is open to all players novice and older. This group has one practice per week, with approximately 10 games throughout the season, all played locally. It is a lower commitment option, with a focus on player development and fun.

If you have any further questions, please feel free to contact Lisa Brown, TPMHA Female Hockey Coordinator at 250-956-2224 or [vanbrown@telus.net](mailto:vanbrown@telus.net)

## 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  Pee wee  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: _____	Lives with Player Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
Parent/Guardian Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
Parent/Guardian Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
Parent/Guardian Name: _____	Cell Phone: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: _____	Home Phone: _____	
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 <sup>1</sup>	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
	<b>Tri Port Female Hockey</b>	<b>Fee if paid by July 30<sup>1</sup></b>		<b>Fee if paid after July 30<sup>1</sup></b>	
	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
	<b>Port Alice Minor Hockey Club – (All Divisions)</b>	<b>\$400</b>			
	<b>Port Hardy Hockey Club</b>	<b>Fee if paid by Aug 15th<sup>1</sup></b>	<b>Fee if paid by Aug 31st<sup>1</sup></b>	<b>Fee if paid after Sept 1st<sup>1</sup></b>	
	Port Hardy Minor Hockey Club – Initiation (Prenut-Peanut)	\$325	\$350	\$375	
	Port Hardy Minor Hockey Club – Novice-Midget	\$400	\$425	\$450	
	<b>Port McNeill Hockey Club</b>	<b>Fee if paid by July 15th<sup>1</sup></b>		<b>Fee if paid after July 15th<sup>1</sup></b>	
	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 <sup>rd</sup> 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](http://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 31<sup>st</sup> of current registration year = 4 years old
- (2) **Peanut:** Age at December 31<sup>st</sup> of current registration year = 5-6 year olds
- (3) **Novice:** Age at December 31<sup>st</sup> of current registration year = 7-8 year olds
- (4) **Atom:** Age at December 31<sup>st</sup> of current registration year = 9-10 year olds
- (5) **PeeWee:** Age at December 31<sup>st</sup> of current registration year = 11-12 year olds
- (6) **Bantam:** Age at December 31<sup>st</sup> of current registration year = 13-14 year olds
- (7) **Midget:** Age at December 31<sup>st</sup> of current registration year = 15-17 year olds

OFFICE USE ONLY				
Fee Description	Date Paid	Cash ✓	Cheque #	Amount
<b>TOTAL PAID</b>				

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



**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<br>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<br>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<br>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.*



**NAME OF 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.

I also agree to abide by the rules, regulations and decisions as set for the \_\_\_\_\_ Association.

PRINT  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

**SIGNATURES:**

PARENT \_\_\_\_\_ PARENT \_\_\_\_\_



**Appendix A**

**NAME OF 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 \_\_\_\_\_ Association.

I also agree to abide by the rules, regulations and decisions as set by the \_\_\_\_\_ Association.

PRINT  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE:

PLAYER \_\_\_\_\_ TEAM NO. \_\_\_\_\_