



# **WHITECOURT MINOR HOCKEY ASSOCIATION**

## **VISION**

**PROMOTING COMMUNITY VALUES AND  
BUILDING LIFE SKILLS THROUGH THE SPORT OF  
HOCKEY**

**NOW AND IN THE FUTURE.**

## **MISSION**

**TO PROVIDE OPPORTUNITIES FOR ALL  
COMMUNITY MEMBERS TO PARTICIPATE IN A  
QUALITY HOCKEY PROGRAM THAT PROMOTES  
COMMUNITY VALUES AND DEVELOPS LIFE SKILLS,  
IN AN ENJOYABLE, SAFE, AND POSITIVE  
ENVIRONMENT.**



## **WELCOME COACHES AND MANAGERS**

Thank you for participating in our hockey program in a very crucial role. As Coach and/or Manager you are representing the essence of our program to the youths in our community. It is through your efforts that we are able to reach our objectives and promote personal and athletic development through the sport of hockey.

Whitecourt Minor Hockey Association (WMHA) is a registered society and is the local organizing body for minor hockey in Whitecourt within Zone 3 of the Hockey Alberta jurisdiction, playing under the rules and regulations of the Sturgeon Pembina Minor Hockey League (SPHL), Northern Alberta Midget AA hockey League (NAMHL), Edmonton Rural Bantam AA Hockey League (ERBHL) and Hockey Alberta (HA).

Our objectives are:

To encourage personal development and leadership qualities of individuals

To promote sportsmanship and fairplay

To develop hockey skills

To foster and encourage participation in the sport of amateur hockey

To encourage team play

To foster respect for officials, coaches, parents and other players

To encourage acceptable and responsible conduct

To encourage players to have fun

To foster positive community spirit

This manual has been created to assist you in your role as ambassadors to the sport of hockey. It is our intention to offer you a guidebook, which will assist you as the season commences.

It is our recommendation that you use as much of this information as possible. We have included guidelines for selection of team volunteers, organizing parent participation and support as well as information on the business of hockey in Alberta. If you have any questions or require clarification please contact your Division Coordinator or Coach Director.

We have included various forms for your use. These forms may be required throughout the year, but it is also helpful to be aware of them nonetheless. Please copy them and retain at least one original in the binder for future reference or use.

Thank you again for your time and efforts. We appreciate your commitment to the athlete's and to the community at large. Enjoy your year and have fun.



## PLAYER MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Provincial Health #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please check the appropriate response below pertaining to your child:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Previous history of concussions	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	<input type="checkbox"/>	Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Medication
<input type="checkbox"/>	<input type="checkbox"/>	Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Wears a medic alert bracelet or necklace
<input type="checkbox"/>	<input type="checkbox"/>	Are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	Has been in hospital in last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Presently injured
<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	Has had injuries requiring medical attention in the past year
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Has had an illness lasting more than a week in the past year
<input type="checkbox"/>	<input type="checkbox"/>	Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Has a health problem that would interfere with participation on a hockey team
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition			

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Medications:

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Allergies:

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Medical Conditions:

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Recent Injuries:

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Last Tetanus Shot:

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Date of last complete physical exam:

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Any information not covered above:

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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 of Guardian: \_\_\_\_\_



## RETURN TO PLAY

*This information is strictly confidential and will only be used to assist in the player's safe return to play.*

\_\_\_\_\_  
Name of Player

Is able to play following injuries sustained on

\_\_\_\_\_  
Date

Considerations / restrictions with respect to return to play:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Treating Physician

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Disclaimers Personal information used, disclosed, secured or retained by the Whitecourt Minor Hockey Association, the Sturgeon Pembina Hockey League, Hockey Alberta and Hockey Canada will be held safely for the purposes for which we collect 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.*

Please forward to:

Whitecourt Minor Hockey Association

Address: \_\_\_\_\_

Whitecourt, Alberta, T7S \_\_\_\_\_

Tel: (780) \_\_\_\_\_

Fax: (780) \_\_\_\_\_

Email: \_\_\_\_\_



**Date** April 30, 2013

**POLICY: ANTI-BULLYING**

Any player, parents or spectator found to be participating in bullying of any kind (including, but not limited to cyber-bullying, emails, Facebook chatter, texting or twittering) will be dealt with immediately and will face disciplinary action.

1<sup>st</sup> Offence: Automatic 3 game suspension

2<sup>nd</sup> Offence: Minimum suspension for the remainder of the season.

All WMHA Executive decisions are final.



## WHITECOURT MINOR HOCKEY ASSOCIATION

**Date** October 4, 2016

**Policy** Apparel

**Purpose** To set direction for ordering/purchasing Off-Ice Apparel

1. All off-ice apparel includes: Tracksuits, Jackets, Dry land gear (shorts, T-shirts).
2. It is mandatory that all WMHA off ice apparel include the WMHA logo, Wolverines logo, and the **Team sponsor logo must be on the Apparel.**
3. If the team sponsor is not paying for the apparel the company covering the cost of the apparel can be on the apparel.
4. All off ice apparel must follow the WMHA colors, black with white and red.
5. WMHA has the right to disallow the ordering of any apparel that does not follow the policy set out.
6. All WMHA Executive decisions are final.



**Date** April 30, 2013

**POLICY:** COMMUNICATION

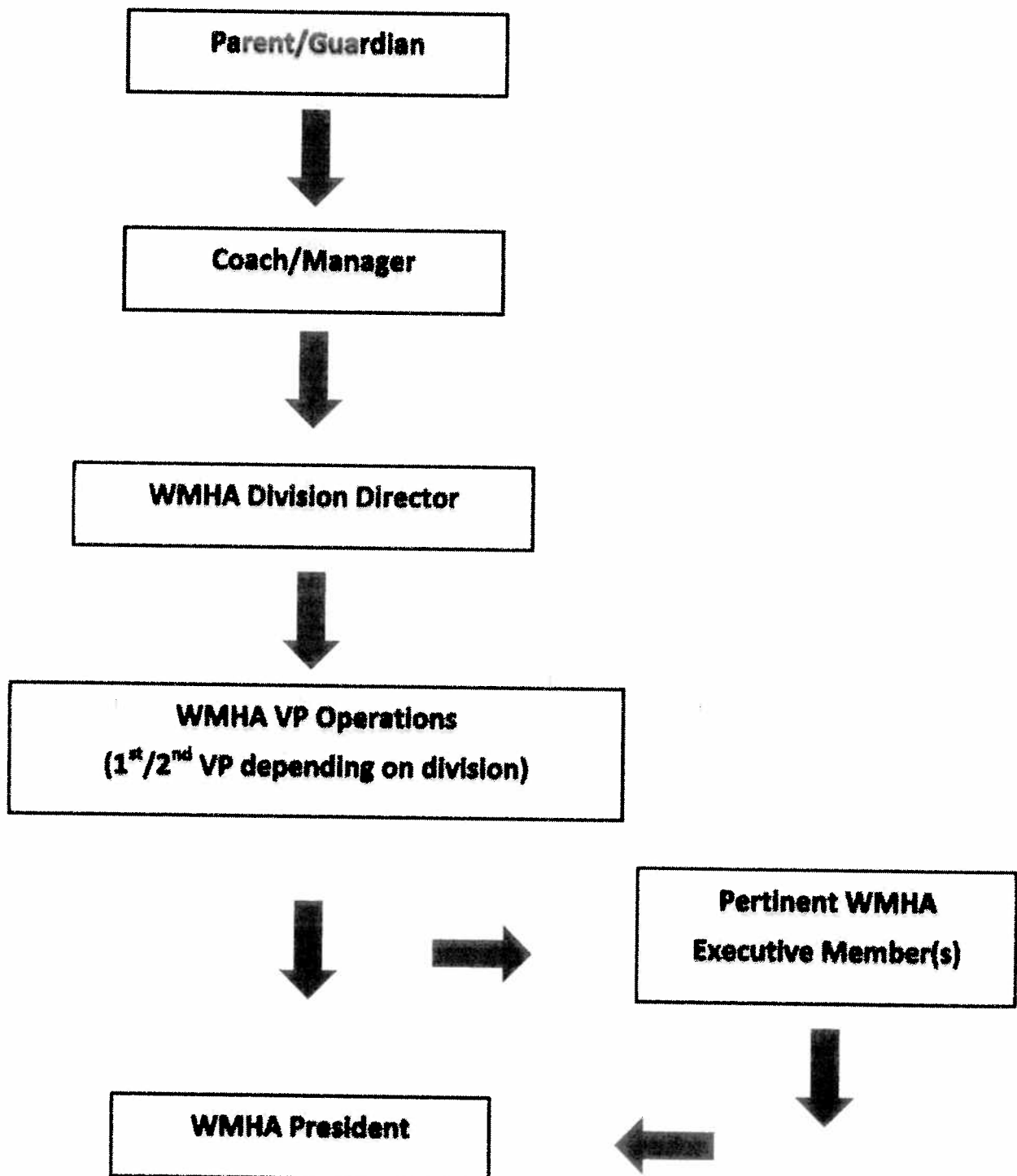
**Purpose** To set direction for following the proper communication lines to be used for each hockey season

1. Follow the WMHA Incident/Complaint/Appeal/Flow Chart Policy (see WMHA website)
2. Follow the HA diagram explaining the proper communications lines to be used for the season (see HA website)
3. All members who do not follow ALL steps as listed in both WMHA and HA Flow chart/Communication channels will be subject to discipline; which could result in suspension.
4. All WMHA executive decisions are final.



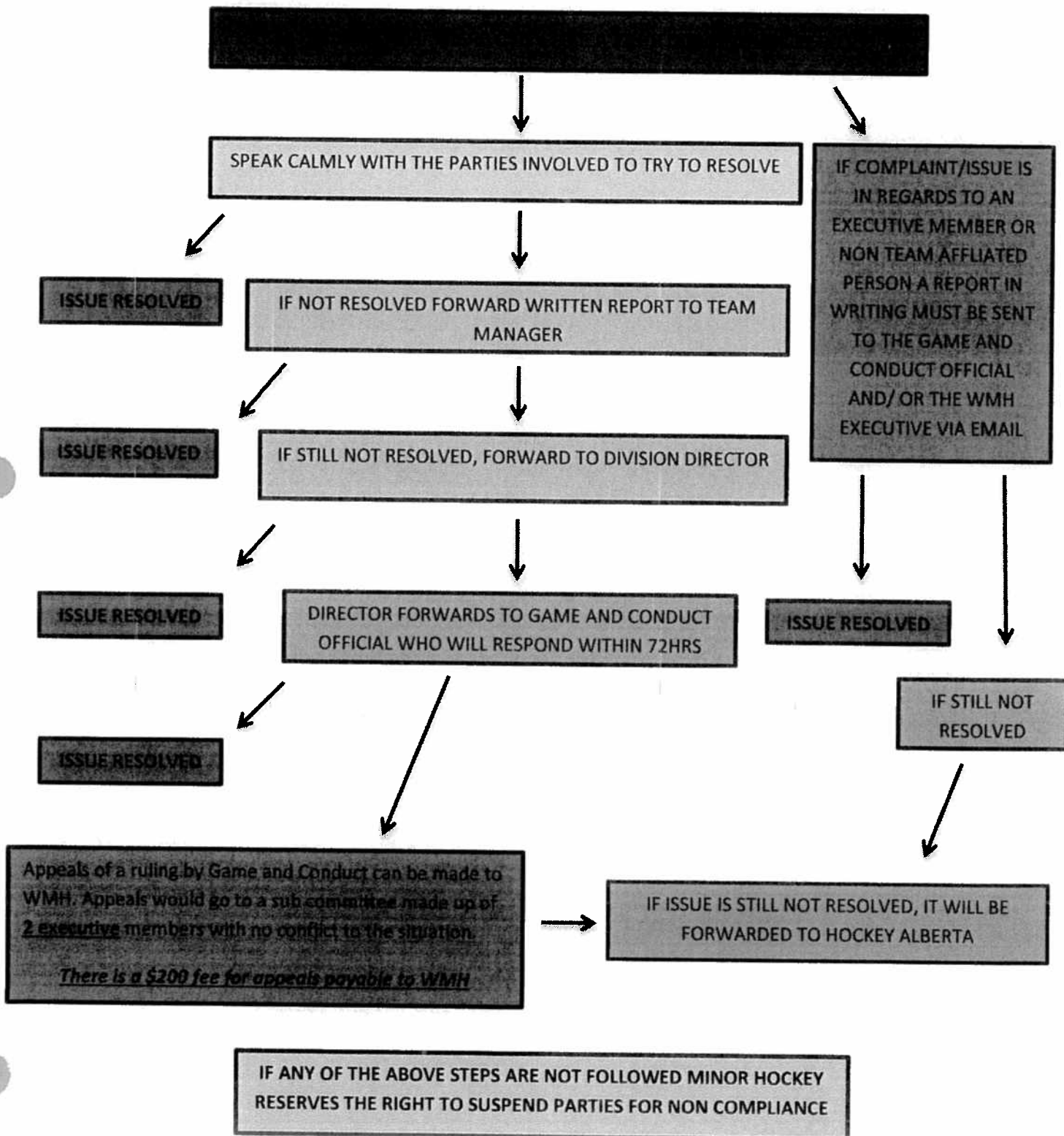


## WHMA TEAM COMMUNICATION FLOWCHART





## INCIDENT/COMPLAINT/APEAL FLOW CHART POLICY





## WHITECOURT MINOR HOCKEY ASSOCIATION

**Date** August 24<sup>th</sup>, 2016  
**Policy** Fundraising Policy  
**Purpose** To set direction for teams intending to participate in fundraising activities.

Teams and/or individuals that undertake fundraising activities are representing Whitecourt Minor Hockey Association and are therefore subject to the Association guidelines as detailed below:

1. Fundraising to be kept to a reasonable level, specific to covering justifiable hockey team expenses (bussing, ice costs, tournament fees)
2. All fundraising requires Association approval. Fundraising requests to be submitted to divisional VP's for prior approval.
3. All fundraising activity is to be documented, collected, disbursed and recorded as outlined by the Executive.
4. Any refunds to parents or players shall not exceed the amount of cash contributed to the team by the individual parent or player.
5. Team fundraising shall not be for individual gain.
6. Excess fundraising funds shall be turned over to the Association at the end of each playing season.
7. Activities such as raffles, require approval and licensing by the Albert Gaming & Liquor Commission (AGLC). It is the responsibility of the individuals obtaining said approval to ensure all gaming requirements are met and that the Association is not penalized. All teams, with Association approval, must obtain their own AGLC ID number as outlined on the AGLC website ([www.aglc.ca](http://www.aglc.ca)). ID number must be referenced on team paperwork/budget provided to Executive.
8. Any communications to the public made in the course of carrying out a fundraising activity shall be truthful and non-deceptive. All fundraising carried out shall comply with all relevant laws.
9. These guidelines apply to groups of teams, example tournaments, as well as individual teams and their members.
10. Any team fundraising requires a Special Event permit in accordance with Hockey Alberta.

Original Policy Date: August 24<sup>th</sup>, 2016  
Revision Date: N/A



## WHITCOURT MINOR HOCKEY ASSOCIATION

<b>Date</b>	May 4 <sup>th</sup> , 2016
<b>Policy</b>	Initiation Program
<b>Purpose</b>	To set direction for the operation of the Initiation Program.

The Initiation Program is a comprehensive skills development program developed by the Canadian Hockey Association (CHA) to teach young players the basic skills of hockey. The focus of the Initiation Program is on skill development in a safe, positive and fun environment without the pressures of competition. Whitecourt Minor Hockey Association (WMHA) has adopted the Initiation Program for use in the Initiation age group (5 and 6 years of age as of December 31).

1. All WMHA Initiation Program coaches shall complete the Coach Stream & RISC and follow the Initiation Curriculum as specified by the CHA.
2. Initiation teams may scrimmage with other WMHA Initiation teams during regular practice prior to December 31<sup>st</sup>. During scrimmages coaches are required on the ice to help direct the players as these scrimmages are still practice and intended to develop player skill and positioning, referees are not allowed, the score clock is not used to record the score and no record of wins or loses or individual player stats is kept.
3. Initiation teams may participate in games against out of town teams. Prior to December 31<sup>st</sup> teams are only allowed to participate in 1 tournament or 2 individual games (1 home 1 away) provided they maintain a minimum 2:1 ratio of practice time to game time. During these games coaches are not allowed on the ice during the game, referees are required; the score clock may be used if both coaches agree prior.
4. Initiation players shall play no more than 15 games per season including participation in tournaments. (Including the Whitecourt Initiation tournament)
5. Initiation teams shall follow the "3 goal rule" limiting players to scoring a maximum of 3 goals in any game regardless of other team or tournament rules that may permit the scoring of more goals. Players who have scored 3 goals in a game shall be encouraged to develop other skills such as passing, defense or goaltending.
6. WMHA will not affiliate Initiation players with Novice teams but will affiliate Initiation players on a team to team basis with other Initiation teams.



## WHITECOURT MINOR HOCKEY ASSOCIATION

**Date** October 4, 2016

**Policy** Locker/Equipment Policy

**Purpose** TO HAVE ALL EQUIPMENT PROVIDED BY WMH TO TEAMS WITHIN OUR ASSOCIATION RETURNED AT THE END OF EACH HOCKEY SEASON TO THE EQUIPMENT MANAGERS IN GOOD ORDER. EQUIPMENT FOR PURPOSES OF THIS POLICY INCLUDES THE PAPERWORK, DEEMED NECESSARY BY THE WMH EXECUTIVE, TO ALSO BE TURNED IN AT THE END OF THE SEASON IN A REASONABLE TIME FRAME.

At the beginning of each season, every team in Whitecourt Minor Hockey will be required to leave an Equipment Deposit of \$250.00 for all teams payable to Whitecourt Minor Hockey.

This deposit will be given to WMH Division Directors once an inventory of the locker is complete.

Division Directors will then give the Deposit to Appropriate Executive Member.

**Deadline for the Locker deposit is October 15<sup>th</sup>.**

The cheque will be cashed and returned to the team once the locker has been checked at the end of the season. In order for the cash to be returned to a team, that team must meet the following criteria:

- All home and away jerseys assigned at the start of the season returned clean and dry and hung in respective home and away jersey bags. The exception to this would be jerseys which WMH members may wish to purchase. If players wish to obtain a jersey, the manager of the team must advise WMH Equipment Managers of this decision along with the jersey number, no later than December 31st of each season. Jerseys will be available to buy at cost to our players.  
**\*\* Notify WMHA Equipment managers if there are any stains/rips etc.**
- Any remaining pucks returned to the locker.
- First Aid kit returned, and \*\*notify WMHA Equipment managers if/when anything needs to be replace (no one will be reimbursed if you purchase replacements items yourself). Also inventory of First Aid kits handed into WMHA Equipment managers at the end of the season.
- Game books returned.
- All paperwork required by WMH given to Division Directors to be distributed to Proper WMH executive.
- Paperwork will include, team meeting minutes, team budget and yearend balance statement.



Whitecourt Minor Hockey Association  
P.O. Box 1767 Whitecourt, Alberta T7S 1P5

August 24<sup>th</sup>, 2016

Detailed below is the Team protocol as directed and approved by WMHA Executive. The following information is lengthy, yet detailed. We ask for your patience and cooperation in our effort to standardize procedures and ensure consistency amongst our Association.

### CORRESPONDANCE

When sending team related correspondence to Executive members, please reference your team name (as detailed next page) in the email subject line.

Executive contact emails can be found on the Association's website ([whitecourtminorhockey.com](http://whitecourtminorhockey.com))

Important: During the course of the season, should any team member become aware of any discrepancies in accounting or team reporting, they shall forward facts to the Coach, Division Director and/or a member of the Executive immediately.

### BANKING

WMHA banks at the Whitecourt Servus Credit Union. In order to commence team banking at Servus, you are required to provide the following:

- Completed 'Servus Credit Union – Member Information' form for each person elected to sign on the Team account (blank form attached)
- Team Minutes (SAMPLE attached)
- Team Roster – signed by Coach & Assistant Coach. Roster can be obtained via email request to the registrar.

*IMPORTANT: ALL signing authorities are required to provide the information requested on the Member Information Sheet provided by Servus Credit Union. Non-disclosure of required information will result in a delay in your Team's ability to bank.*

Please Note: Three signing authorities must be named, with any two of three to sign.

Please forward the completed documents details above to: [secretary@whitecourtminorhockey.com](mailto:secretary@whitecourtminorhockey.com)  
Secretary will work as a liaison between the bank and team staff. Servus staff will contact you directly, at the phone or email you provide on your information form, to set up a time for signing bank documents.

At end of season, each team is to ensure that their account is equal to their starting balance and that there are NO outstanding cheques.

This official Team account is for the security of Team members' funds with all team revenues to be deposited to account and documented by team reporting. All expense charges to be supported by official receipts from hotels, restaurants, bussing companies, referees, etc. Records to maintained and up to date at all times.

## TEAM REPORTING

As per the WMHA policies, each Team is required to submit their team minutes, include attendance and proposed budget at the start of the season. A sample budget is attached.

ALL team reporting information to be sent to: [secretary@whitecourtminorhockey.com](mailto:secretary@whitecourtminorhockey.com)  
Please CC your Division VP.

Please note that any parent or team member who requests to review the team's financials is to be provided, without question, within three business days of making the request, full access to the team's financial records including, but not limited to bank statements, receipts, and any other related financial items depicting the team's financial operations.

Original documentation of your teams operations must be retained in accordance with standards set by AGLC, our Association and other governing bodies. It is recommended that original documentation be handed in at year end to be retained with the Association records. Year-end reporting to include full financial disclosure of Team activities and operations. Copies of bank statements are requested. Sample year-end financial reporting is attached.

## POLICIES

Governance of your Team is subject to the Policies as detailed on WMHA website. At a minimum, please refer to:

- WMHA Apparel Policy
- WMHA Communication Policy
- WMHA Locker-Equipment Deposit Policy
- WMHA Fundraising Policy - NEW

## TEAM NAMES

Teams will be named by number, as follows . . .

- Whitecourt Midget Team 1
- Whitecourt Midget Team 2
- Whitecourt Midget Team 3

- Whitecourt Bantam Team 1
- Whitecourt Bantam Team 2
- Whitecourt Bantam Team 3

- Whitecourt PeeWee Team 1
- Whitecourt PeeWee Team 2
- Whitecourt PeeWee Team 3

- Whitecourt Atom Team 1
- Whitecourt Atom Team 2
- Whitecourt Atom Team 3
- Whitecourt Atom Team 4

- Whitecourt Atom Team 5

- Whitecourt Novice Team 1
- Whitecourt Novice Team 2
- Whitecourt Novice Team 3
- Whitecourt Novice Team 4
- Whitecourt Novice Team 5

- Whitecourt Initiation Team 1
- Whitecourt Initiation Team 2
- Whitecourt Initiation Team 3
- Whitecourt Initiation Team 4
- Whitecourt Initiation Team 5

- Whitecourt Female Team 1

**Servus Credit Union-Member Information**

The following details are required, by Servus Credit Union personnel for purposes of setting up new signing authorities on a WMHA Team bank account.

Team Name:

Full Legal name (middle name too):

Do you go by another name? (Ex: Robert may go by Bob)

Are you a US citizen? (If So, we need your SSN/TIN number)

Birthdate:

Mailing Address:

Legal land description (if you live in the country, we need either Lot/Block/Plan or Blue sign)

How long have you lived there?

Home phone:

Cell phone:

Email:

**Identification**

Driver's License/Identification License number:

Issue Date:

Expiry Date:

Second Id (Alberta health care card, birth certificate with place of issue and issue date, credit card with expiry number)

**Employment info**

Employer:

Start Date:

Position:



## SAMPLE MINUTES FOR WMHA TEAM MEETING

TEAM NAME HERE

**Date:** September 12<sup>th</sup>, 2016

**Location:** Scott Safety Centre

A Team meeting was held on September 12<sup>th</sup>, 2016 at the Scott Safety Centre for the Whitecourt Midget Team 1 2015/2016 Season.

Effective immediately the following shall be signing authorities for the Whitecourt Midget Team 1 bank account at Servus Credit Union. ALL disbursements from Team account to be signed by any 2 of the 3 signing authorities detailed below.

- PRESIDENT; NAME – please see Member Information Sheet at Servus Credit Union
- SECRETARY; NAME – please see Member Information Sheet at Servus Credit Union
- COACH; NAME – please see Member Information Sheet at Servus Credit Union

Please send original statement to:

(Team or Treasurer Mailing Address)

\_\_\_\_\_

\_\_\_\_\_

A copy of the original statement must be made available to WMHA, P.O. Box 1767, Whitecourt, Alberta T7S 1P5

Signed this 12<sup>th</sup> day of September, 2016

\_\_\_\_\_  
Team President

\_\_\_\_\_  
Team Secretary

\_\_\_\_\_  
Team Parent (Witness only – CAN NOT be signing authority)

\_\_\_\_\_  
Team Parent (Witness only – CAN NOT be signing authority)

# SAMPLE BUDGET

TEAM NAME HERE

## REVENUE

- SEED MONEY FROM PARENTS
- DONATIONS – DETAIL
- FUNDRAISING – DETAIL; INCLUDE LICENSING INFORMATION
- OTHER – DETAIL

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## EXPENSES

- Ice Costs
- Referee Costs
- Hotels
- Busing

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

NET (Revenue less Expenses)

\$ \_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE FORMAT

# SAMPLE DOCUMENTATION

TEAM NAME HERE

DATE, DESCRIPTION	\$ IN	\$ OUT	BALANCE
Sept 15 - Deposit, 17 parents @ 100 each	1700.00		1700.00
Sept 17 - tournament fee - pd cheque #1		800.00	900.00

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# YEAR END FINANCIALS

(DETAILS ACTUAL TOTALS)

TEAM NAME HERE

## REVENUE

- SEED MONEY FROM PARENTS
- DONATIONS – DETAIL
- FUNDRAISING – DETAIL; INCLUDE LICENSING INFORMATION
- OTHER – DETAIL

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

## EXPENSES

- Ice Costs
- Referee Costs
- Hotels
- Busing

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

NET (Revenue less Expenses)

\$ \_\_\_\_\_

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE FORMAT

# Team Manager Checklist



## STARTING OUT

### First Parent Meeting

- Communication of team and coach philosophy
- With team, create team rules and policies
- Identify and delegate roles
- Review safety and risk management issues
- Provide players and parents with information and handouts
- Follow-up: Collect signed forms, pass out newly created rules/handouts

Notes:

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### Financial

- Collect fees
- Prepare initial budget
- Set up team account

Notes:

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## THROUGHOUT SEASON / EVENTS

### Record Keeping

- |   |   |
|---|---|
| <input type="checkbox"/> Team registrations and rosters | <input type="checkbox"/> Accident and insurance reports |
| <input type="checkbox"/> Contact lists                  | <input type="checkbox"/> Game reports                   |
| <input type="checkbox"/> Schedules                      | <input type="checkbox"/> Evaluation sheets              |
| <input type="checkbox"/> Player medical forms           | <input type="checkbox"/> Monthly financial reports      |

Notes:

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### Game Preparation – Refer to Appendix 19: Game Check List

- Pre-game
- During game
- Post game

Notes:

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