

Elk Point Minor Hockey Association

Registration Package

**Registration May 1, 2025 – September 15, 2025**

**\*\*\* Any returning player registrations received after June 30, or returning players without 25% deposit by June 30, 2025 will be subject to a $200 LATE FEE**

**ONLINE REGISTRATION**

Online registration is now available!

Please note that before registering a player (or a coach or official for a clinic), you will have to create an HCR 3.0 account and link the player/coach/official’s participant profile to that account (player profiles can be linked to a parent’s account). Follow the prompts on the HCR website. Only create a new participant if the player has **NEVER** been registered as a player, coach or official with **ANY** hockey association **in Canada**. If you cannot find an existing player, please contact the registrar, Courtney, for assistance (780-646-2627). Players transferring from another association will need to contact the registrar.

**You can go directly to the EPMH online 2025-2026 season store:** [**ELK POINT**](https://page.spordle.com/elk-point)The online registration store will remain open until August 31. For assistance with online registration, contact Courtney (780) 646-2627

An EPMH Medical Form must be completed for each player and handed in prior to that player skating.

**PAPER REGISTRATION**

**PLEASE READ THROUGH ALL PAGES**

First time registrants please fill out ALL forms in full and make sure all checklist requirements are fulfilled.

RETURNING PLAYERS please complete the contact information (player, parent, emergency) – the contact information in HCR did not migrate accurately.

Please mail registration forms to EPMH or drop off with Courtney Kelly (780) 646-2627 or Jeff Morgan (780) 614-8438

Elk Point Minor Hockey

C/o Courtney Kelly and/or Jeff Morgan

Box 332 Elk Point, Alberta T0A 1A0

\*\*\*Please do not hand registration forms and cheques to anyone other then Courtney Kelly or Jeff Morgan

**Incomplete registration forms will not be accepted and will be returned to registrant until all information is complete. This includes: payment, bond cheques, copy of birth certificate (first time registrants only), expired or incomplete RIS and player declaration / verification forms.**

**REPECT IN SPORT PARENT:**

This is a **MANDATORY** online course that must be completed by **ONE** parent before your child can be registered with HCR and SKATE. Parents are required to pay the course fee. New parents please create a profile and take the course. Returning parents who have taken the course, please go to the website below to recertify or check your credentials. You can view certifications and expiry dates in the new HCR platform.

[**https://hockeyalbertaparent.respectgroupinc.com**](https://hockeyalbertaparent.respectgroupinc.com)

**Player Registration Policy:**

* **FINAL DEADLINE TO REGISTER IS SEPTEMBER 15, 2025.** If the age-appropriate team is full, registration will not be accepted. U15 (Bantam) and U18 (Midget) **MUST** register before August 15, so we know our numbers.
* Players must reside within EPMH boundaries, unless registering with minor hockey for the FIRST TIME. Any players outside of EPMH boundaries require a signed player movement form from their resident Minor Hockey Association and require approval from EPMH. Player movement forms will be considered in the order in which they are received by the registrar

Any required releases, concessions or other documentation must be submitted to EPMH before September 15 and is the responsibility of the player. EPMH will assist to the best of their ability to ensure players are aware of all required documentation at time of registration. However, it is ultimately the parent’s responsibility to submit complete documentation.

Hockey Alberta Forms you may require:

1. Player Verification/ Player Movement Form- to be completed by players who reside outside EPMH boundaries. (Alberta Residents Only). Please click the link for the form required: [2526PlayerMovementFillable.pdf](https://www.hockeyalberta.ca/uploads/source/Forms/2526PlayerMovementFillable.pdf)
2. Parent Declaration Form- For players who have moved into the EPMH Boundaries. Hockey Alberta requires that this form be accompanied by 2-4 pieces of documentation to verify the address information. Please click the link for the form required:

<https://www.hockeyalberta.ca/parent-declaration-form/>

This form can be initiated after June 1. The documentation can consist of:

1. A proof of sale document for a house or home with family’s name and address
2. A letter from a school indicating that the player is registered with the school
3. A utility bill, with the family’s name and address
4. Any piece of Government issued document that contains the families name and address.

(e.g. Driver’s License, Tax Assessment, etc.)

1. AA Tryout Forms- are only needed for u11 HADP. All players who are trying out will be monitored by the registrar online. Players who are on a tryout should inform the president/registrar to ensure we keep accurate record for our rosters.

**EPMH REQUIREMENTS AND OPTIONS**

**REPECT IN SPORT PARENT:**

This is a **MANDATORY** online course that must be completed by **ONE** parent before your child can be registered with HCR. Parents are required to pay the course fee which is roughly $12.00. Please watch for emails from RIS as certification is only valid for 4 years. To certify or check your credentials, go to: [**https://hockeyalbertaparent.respectgroupinc.com**](https://hockeyalbertaparent.respectgroupinc.com)

**Fundraising:**

Fundraising is mandatory as per EPMH policy. The fundraiser will be determined at the start of the season and failure to participate will result in bond cheques being cashed.

**Bingo:**

Work one per player per season, up to a maximum of 2 per family. We require a $300.00 undated, signed Bingo Deposit Cheque. Cheques will be deposited if you fail to show up for your assigned shift. Bingo signup operates on a first come, first serve basis. If you do not sign up for a bingo date, a date will be assigned to you. If current season bingos are filled, your obligation will carry over and you may be assigned a summer bingo. EPMH receives new bingo dates annually in April.

**Booth Shifts, Clock & 50/50’/Away Penalty boxes:**

Parents are required to take turns working the booth, time clock and sell 50/50’s, work away penalty boxes as arranged by the team manager at games and home tournaments. \*\*\* Please note that if we are chosen to host provincials, it is **MANDATORY** for all teams/parents to work booth shifts, as provincials is a MAJOR fundraiser for our association. \*\*\* We require a $300 undated, signed volunteer cheque. Your cheque will be deposited if you fail to show for your assigned shift, and a new volunteer deposit will have to be provided prior to your player’s next game or practice.

**Uniform Deposit:**

$300.00 undated, signed uniform deposit cheque is required. If the jersey is damaged or not returned, the cheque will be deposited.  
  
\*\* If you do not have a cheque book, bonds can pay as a form of cash that will be returned at the end of the season or fill out a credit card authorization form to put a credit card on file (there will be a transaction fee for this option). **Players will not be allowed on the ice without bond cheques, if a bond cheque is cashed the player will not be allowed on the ice until a replacement cheque has been provided).   
  
\*\* PLAYERS WHO LIVE IN TWO SEPARATE HOUSEHOLDS DURING THE HOCKEY SEASON, MUST HAVE EACH HOUSEHOLD SUBMIT HALF THE AMOUNT OF THE REQUIRED BOND CHEQUES TO THE REGISTAR. IN THE EVENT THAT A BOND CHEQUE NEEDS TO BE CASHED, ONE CHEQUE PER HOUSEHOLD (EQUAL TO THE FULL AMOUNT OF ONE BOND) WILL BE CASHED \*\***

**Fee Payment:**

All fees must be paid in full by September 15, 2025 by one of the below methods:

* Cash, Cheque, Post-dated Cheque(s), eTransfer (preferred), Bank draft, Debit, or Credit Card (a 3% fee applies to credit card transactions) HCR credit card transactions have a non-refundable fee of $25.00 per transaction. Contact Amber (Treasurer – 780-646-3442) to arrange a meeting to make debit or credit card payments offline.
* Payment may be made in full or in installments, so long as payment is made in full by the deadline.  
  Installments can be done as 2 payments of 50% (50% at registration and 50% due on September 15th) or 4 payments of 25% (25% at registration, 25% due by July 31, 25% due by August 31 and 25% due by September 15, 2025). If full payment is not submitted with registration, please inform registrar which payment plan you want to choose.
* Players seeking financial assistance (eg Kidsport, Jumpstart, EKEC) may defer the portion of their fees covered by the assistance program until a decision is rendered by the sponsoring organization. **Proof of Kidsport application must be forwarded to the registrar.**

Please send eTransfers to: [etransfer@elkpointminorhockey.com](mailto:etransfer@elkpointminorhockey.com). Include player name and division (U7, U9, etc) in the note.

Please make cheques payable to Elk Point Minor Hockey (EPMH)

NSF cheques- we will require a $35.00 NSF fee and a replacement deposit cheque before registration is accepted.

**Mark Letestu Locker:**

The Mark Letestu locker consists of various sized hockey equipment that was donated to Elk Point Minor Hockey by our very own Hometown hero, #55. He wanted to give under privileged and undecided children a chance to get some equipment on, get physical, and most importantly, have fun!!! If you feel like this applies to you, please contact the equipment manager, Amber Malo (780-646-3442). A new form will be provided to each individual wanting to use the Letestu Locker and a deposit will be required.

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| **ELK POINT MINOR HOCKEY ASSOCIATION**  **REGISTRATION FORM** | | | | | | | | | | | |
| Player Information | | | | | | | | | | | |
| Player’s Name: | | | | | | Date of Birth: | | | | | |
| ❑ New Player or ❑ Last Association Played for: | | | | | | | | | | | |
| Player’s Mailing Address: | | | | | | | | | | | |
| City: | | | | Province: | | | | | Postal Code: | | |
| Player’s Physical Street Address/Land Location (e.g. SW 16-61-5W4) | | | | | | | | | | | |
| Home Phone: | | | | | | | | | | | |
| Gender (Circle): Female Male | | | Position (Circle): Player (e.g. center, forward, defence) Goaltender | | | | | | | | |
| Division (Circle): | | | | | | | | | | | |
| U7 (2019-2022) | | | | U9 (2017-2018) | | | | | U11 (2015-2016) | | |
| U13 (2013-2014) | | | | U15 (2011-2012) | | | | | U18 (2008-2010) | | |
| Female Storm (if we have the numbers to make a team) | | | | | | | | | | | |
| Parent/Guardian Information | | | | | | | | | | | |
| Father’s Name: | | | | | | Mother’s Name: | | | | | |
| Father’s Mailing Address: | | | | | | Mother’s Mailing Address: | | | | | |
| City: | | Province: | | | | City: | | | | Province: | |
| Postal Code: | | | | | | Postal Code: | | | | | |
| Physical Address/Land Location: | | | | | | Physical Address/Land Location: | | | | | |
| Home Phone: | | | | | | Home Phone: | | | | | |
| Work Phone: | | | | | | Work Phone: | | | | | |
| Cell Phone: | | | | | | Cell Phone: | | | | | |
| Email: | | | | | | Email: | | | | | |
| Email Address to Receive Info from EPMH: | | | | | | | | | | | |
| Emergency Contact: (other than Parent/Guardian) | | | | | | | | | | | |
| Emergency Contact #1 | | | | | | | | | | | |
| Name: | | | | | | | Cell: | | | | |
| Emergency Contact #2 | | | | | | | | | | | |
| Name: | | | | | | | Cell: | | | | |
| Respect in Sport | | | | | | | | | | | |
| Respect in Sports for Parents Program Certification #: | | | | | | | | | | | |
| Would like to: | | | | | | | | | | | |
| Name: | | | | | | Name: | | | | | |
| ❑ Head Coach | ❑ Assistant Coach | | | | ❑ Manager | ❑ Head Coach | | ❑ Assistant Coach | | | ❑ Manager |

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| This page is only required for NEW REGISTRANTS or if your INFORMATION HAS CHANGED. |

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_ Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respect in Sports for Parents Program Certification #: ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Registration Fees**  **\*\*\* Please chose date and fee that applies** | | | | |
| **Division** | **Year of Birth** | **Registration Fee**  **up to**  **June 30**  **(Returning players)** | **Registration Fee**  **After June 30 (Returning players)** | **Payment Amount:** |
| **Intro to Hockey U7**  **(First year players)** | **2019-2022** | **$200.00** | **$200.00** |  |
| **Intro to Hockey U7**  **(Returning Players)** | **2019-2022** | **$400.00** | **$600.00** |  |
| **U9** | **2017-2018** | **$550.00** | **$750.00** |  |
| **U11** | **2015-2016** | **$600.00** | **$800.00** |  |
| **U13** | **2013-2014** | **$650.00** | **$850.00** |  |
| **U15** | **2011-2012** | **$700.00** | **$900.00** |  |
| **U18** | **2008-2010** | **$750.00** | **$950.00** |  |
| **Opt out of Bingo/Fundraising Fee** | | | **$400.00** |  | |
| **Total:** | | | |  | |
| **Circle Payment Method: eTransfer / Cash / Cheque / Debit/ Credit** | | | | | |
| **Cheque #’s & Dates:** | | | | |

|  |  |  |
| --- | --- | --- |
| Security Deposits | | |
| 3 undated cheques | | |
| Jersey Deposit | Cheque # | $300.00 |
| Bingo Volunteer Deposit | Cheque # | $300.00 |
| Volunteer Deposit | Cheque # | $300.00 |

Please make all cheques payable to **Elk Point Minor Hockey** or **EPMH**

All security cheques will be kept in the player’s file while they are registered with EPMH. In the event of change of address or banking information, please re-issue security deposit to EPMH.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I would like to Volunteer for: | | | | | | | | | |
| Name: | | | | | Name: | | | | |
| Head coach | Assistant Coach | Manager | Jersey Parent | Tournament Coordinator | Head Coach | Assistant Coach | Manager | Jersey Parent | Tournament Coordinator |

|  |  |
| --- | --- |
| The Elk Point & District Agricultural Society (EPAS) owns & operates the AG Ross Arena. EPMH will pay the fee and provide the membership information for our player’s parents/guardians to join the Elk Point Ag Society. Please select: | |
| ❑ We wish to join the Elk Point Agricultural Society. | ❑ We DO NOT wish to join the EPAS. |

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| **Conditions and Waivers:** |

**Elk Point Minor Hockey Association Waiver:**

By signing this document, I agree to abide by Elk Point Minor Hockey’s rules and regulations. Elk Point Minor Hockey will treat this personal information with the utmost respect in accordance with the Hockey Canada Privacy Policy at all times. All registrants are subject to review by the Registrar, and no registration will be approved until all fees are paid and required documentation is received. Registration is undertaken with the understanding that additional team fees may occur. (e.g. away tournament entry fees, bus, etc.)

Further, I agree to abide by the terms and conditions of the Parent’s code of conduct and Zero Abuse Tolerance policy. I agree to reimburse EPMH the sum of $300.00 for any EPMH jersey that is damaged or has not been returned at the end of the season. I agree to work or hire out my required volunteer/Bingo duties assigned to me by EPMH representatives. If I fail to do my volunteer duties, I fully understand my $300.00 volunteer or bingo deposit cheque will be deposited. If one of my deposit cheques is deposited, I also understand that I will need to supply EPMH with another cheque before my child can take part in practices or games. When I receive my mandatory fundraising tickets, I will ensure that tickets and payments are handed in prior to the deadline set by the EPMH raffle chair. If I chose to opt out of mandatory fundraising and bingos, I will pay an extra $400.00 registration fee at time of registration.

**Hockey Canada Waiver:**

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Members and Associations. However, we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Members and/or associations is entirely at your discretion. Should you choose to allow this type of usage please check this box.

I, the undersigned, certify the information provided to be true and in consideration of the granting of this registration to me with the privileges incident thereto, and by registering I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Members and/or associations 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 Canada, its Board of Directors, its Members and/or associations. Further, the information to be provided is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the [Hockey Canada Privacy Policy](https://www.hockeycanada.ca/en-ca/corporate/about/privacy-policy) at all times.

|  |
| --- |
| Parent’s Name (print): |
| Parents Signature: |
| Date: |

ELK POINT MINOR HOCKEY

FAIR PLAY AGREEMENT

­­­­­­­­­­­Parent 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 or 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 offering praise for competing fairly and hard.
6. I will never ridicule or yell at my child/ or his teammates for making a mistake or losing the game.
7. I will remember that children learn by example. I will applaud good plays and performances by both my child’s team and their opponents.
8. I will never question the official’s judgment or honesty in public. I recognize officials are being developed in 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 pledge as set out and supported by EPMH.

I acknowledge that EPMH reserves the right to administer disciplinary actions for breaches/ violations of this pledge/ policy.

This Pledge shall remain active for as long as the player is a member of Elk Point Minor Hockey Association and need only to be signed once.

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

Father/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EPMH MEDICAL FORM

\*\*\* All Registrants must fill one out and hand in with registration

To be completed by the athlete:

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_

Date of Birth (Day Month Year) \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Care # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR EMERGENCY NOTIFY:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Last Physical (Month Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport: Minor Hockey Level (circle): U7(Initiation) U9(Novice) U11(Atom) U13(Peewee) U15(Bantam) U18(Midget)

Years of Participation in Sport: \_\_\_\_\_\_\_\_\_\_What position will you be playing this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Yes or No Explain “Yes” answers below:

1. Have you ever been hospitalized?YES NO
2. Have you ever had surgery? YES NO
3. Are you presently taking any medications or pills? YES NO
4. Are you presently taking any vitamins or supplements? YES NO
5. Do you have any allergies (medicine, bees or other stinging insects)? YES NO
6. Have you ever passed out during or after exercise? YES NO
7. Have you ever been dizzy during or after exercise? YES NO
8. Have you ever had chest pain during or after exercise? YES NO
9. Do you tire more quickly than your friends during exercise? YES NO
10. Have you ever had high blood pressure? YES NO
11. Have you ever been told that you have a heart murmur? YES NO
12. Have you ever had racing of your heart or skipped heartbeats? YES NO
13. Has anyone in your family died of heart problems or a sudden death before age 50? YES NO
14. Do you have any skin problems (itching, rashes, acne)? YES NO
15. Have you ever had heat or muscle cramps? YES NO
16. Have you ever been dizzy or passed out in the heat? YES NO
17. Do you have trouble breathing or do you cough during or after activity? YES NO
18. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? YES NO
19. Do you use any dental appliances? YES NO
20. Have you had any problems with your eyes or vision? YES NO
21. Do you wear glasses or contacts or protective eye wear? YES NO
22. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? YES NO
23. Have you had a medical problem or injury since your last evaluation? YES NO
24. Have you had any unexplained weight change? YES NO
25. When was your last tetanus shot? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
26. When was your last measles immunization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Female Athletes: Over the past year, did your periods occur about once a month? YES NO
28. Explain “Yes” answers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**HEAD INJURIES / CONCUSSIONS:**

1. Have you ever had a seizure? YES NO
2. Have you ever had a head injury? YES NO
3. Have you ever had a concussion or been “knocked out”, had your “bell rung”, or been “dinged”? YES NO
4. If YES, please list: Number: \_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) | Activity at the time: | Length of unconsciousness (minutes) | Length of time before full return to activity:­ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Did you have any persistent problems with: memory YES NO dizziness YES NO headaches YES NO

**NECK INJURIES / BURNERS / STINGERS:**

1. Have you ever had a neck injury (i.e., strain, sprain, fracture, etc.)? YES NO
2. Have you ever had a stinger, burner or pinched nerve? YES NO

(a burning or numb feeling in the shoulder or arm after a hit to the head, neck or shoulder - aka. “brachial plexus stretch injury”)

1. If YES, please list: Number: \_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date(s) | Activity at the time: | Length of time sensation/strength changes persisted? |
|  |  |  |
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|  |  |  |
|  |  |  |

**OTHER INJURIES:**

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

Hand \_\_\_ Elbow \_\_\_ Neck \_\_\_ Hip \_\_\_ Shin/Calf \_\_\_ Wrist \_\_\_ Arm \_\_\_ Chest \_\_\_ Thigh \_\_\_ Ankle \_\_\_ Forearm \_\_\_ Shoulder \_\_\_ Back \_\_\_ Knee \_\_\_ Foot \_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Year of injury | Type of Injury Side (right, left, both) | Side (right, left, both) | Is it still a problem? (Yes/No) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Do you have any incompletely healed injury? YES NO

If yes, which injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify the above information to be correct.

Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MINOR (CHILD) PHOTO RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant **ELK POINT MINOR HOCKEY** my permission to use the photographs taken throughout the 2019-2020 hockey season for but not limited to Elk Point Review, social media, Lakeland Connect, EPMH Website, Programs, Slideshows, thank-you cards and etc.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian’s Signature**: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Parent/Guardian’s Name: ­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Checklist |

Please mail to EPMH or drop off with Courtney Kelly @ 780-646-2627

Elk Point Minor Hockey

C/O Registrar

Box 332 Elk Point, Alberta T0A 1A0

\*\*\*Please do not hand registration forms and cheques to anyone other then Courtney Kelly or Jeff Morgan

Please make sure the below is included with your registration:

Enter all required information on registration forms (Rural registrants, please include rural land location ex: SW30-61-6-W4)

Signed Pledge Form

☐ Birth certificates- NEW REGISTRANTS ONLY

☐ Medical Form

☐ Photo Release Form

Payment for registration. Cheques Payable to Elk Point Minor Hockey

☐ $300.00 Bingo Cheque / $300.00 Volunteer Cheque / $ 300.00 Jersey Deposit- Payable to EPMH, signed and undated- NEW REGISTRANTS ONLY OR IF YOU HAVE CHANGED BANKING INSTITUTES

$400.00 cheque if you chose not to participate in EPMH Fundraising

Completed Parent Declaration form (if transferring from another association because you have moved within Elk Point Boundary)

Please make yourself aware of our Elk Point Minor Hockey Website <http://www.elkpointminorhockey.com>. This website is where you will find information updates as well as game schedules. We also have a Facebook page Elk Point Minor Hockey Association, if you use social media, please like the page to receive updates.