**Dawson City Minor Hockey**

PO Box 1534, Dawson City, YT Y0B 1G0

dcminorhockey@outlook.com

**Player Code of Conduct**

I, Click or tap here to enter text., agree to:

a) Abide by all Recreation Centre rules and regulations including COVID19 regulations and code of conduct

b) Conduct myself in a respectful, acceptable manner at all times

c) Cooperate with those in charge at all times including coaches, rec. staff and parent volunteers.

d) Be responsible for my own actions

e) Play by the rules and always demonstrate good sportsmanship–on and off the ice.

f) Be responsible to my teammates and other players. Be encouraging and supportive their efforts, not teasing or downplaying their individual efforts and skill level.

g) In recognition and respect for the volunteer coaches and parents who are donating their time, I will arrive early and be ready on time for my scheduled ice times.

h) Abide by the COVID19 regulations.

I, Click or tap here to enter text. know that if I choose not to abide by the Player Code of Conduct suspension from the hockey program/tournaments could result.

SIGNATURE OF PLAYERClick or tap here to enter text. DATE:Click or tap here to enter text.

(or hand printed name depending on age)

*It is the intention of this Code of Conduct to promote fair play and respect for all participants within the Association.*

**Parental Permission/Participation**

PARENT/GUARDIAN PERMISSION

I hereby give my son/daughter, Click or tap here to enter text., permission to participate in the Dawson City Minor Hockey Program. It is understood that rules of respectful behavior and sportsmanlike conduct will be an expectation on and off the ice.

If there are any incidents of damage done by my son/daughter to the change rooms or other areas of the Recreation Centre immediate suspension from the activity could result.

I understand that if I am a parent/guardian in attendance during the hockey times that I may be asked to assist with monitoring/supervising change rooms, as Dawson City Minor Hockey is a volunteer organization.

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.

PARENT/GUARDIAN SIGNATURE:Click or tap here to enter text. DATE:Click or tap here to enter text.

HOME PHONE NUMBER:Click or tap here to enter text. EMAIL:Click or tap here to enter text.