

KPMHA VOLUNTEER PLAYER PERMISSION FORM

TEAM TO VOLUNTEER FOR: _____

VOLUNTEER HEAD COACH'S SIGNATURE: _____

PLAYER'S NAME: _____ BIRTHDATE: _____

HOME PHONE: _____ ALTERNATE #: _____

EMAIL ADDRESS: _____

REGULAR TEAM: _____ REGULAR TEAM HEAD COACH: _____

REGULAR TEAM HEAD COACH'S SIGNATURE: _____

I agree to abide by the rules and regulations as set by Hockey Canada, BC Hockey, VIAHA and KPMHA. I fully understand that my child has been asked to volunteer for the above-mentioned team to demonstrate drills, assist the coaches, and mentor the players. I understand that my child's regular team coach requires my child to attend all of the regular team practices. I also understand that it is my responsibility to bring my child to the volunteer team's practices and to pick my child up afterwards. I understand that my child must wear appropriately fitting hockey gear when volunteering. I hereby grant permission for my child to volunteer based on the above conditions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian printed name: _____

I understand that I have been asked to participate as a volunteer player on the _____ team. I understand that my primary commitment remains with my regular season team and that I will be returning to that team. I understand that my regular team coach requires that I attend all my regular team practices in addition to any practices where I have offered to be a volunteer. I will keep track of my volunteer hours on the approved form. I will wear appropriately fitting hockey gear when volunteering. I also understand that both my regular coach and volunteer coach may change their minds at any point if I am no longer needed.

I understand that I need the following based on my age;

17 years old turning 18 in the calendar year need a Criminal Record Check + complete Respect in Sport for activity leaders course

15 years and older in the calendar year need to complete Respect in sport for activity leaders course

All 16 + must have Helmet with chin strap fastened and full face mask, neck guard and gloves on the entire time.

Player's signature: _____ Date: _____

Player's printed name: _____

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VOLUNTEER HOURS:

PLAYER'S NAME/TEAM: _____

DATE	ARENA	ARRIVAL	DEPARTURE	HC INITIALS	# OF MIN.

TOTAL # OF VOLUNTEER HOURS: _____

HEAD COACH'S APPROVAL: _____
Signature

Printed Name

Date