

**Manning Minor Hockey
2019 / 2020 Registration Package
Registration Deadline – August 15, 2019**

Player Name: _____

Returning MMH Player

Last Team Played: _____

- Completed/Signed Health Information Form
- Signed Freedom of Information & Protection of Privacy Consent
- Signed Player Code of Conduct
- Signed Parent/Guardian Responsibilities/Code of Conduct
- Fees:
 - Registration Fee
 - Paid in Full (Dated August 15th/19): Cheque # _____ Cash _____
 - Paid 50/50: Aug15/19 Cheque# _____ Dec31/19 Cheque# _____
 - Paid 1/3: Aug15/19 Cheque# _____ Sept15/19 Cheque# _____
Dec31/19 Cheque# _____
 - Jersey Deposit \$200 (Dated March 1/20) Cheque# _____ Cash _____
 - Food Booth Deposit \$100 (Dated Nov 1/19) Cheque# _____ Cash _____

New to MMH

Last Team Played: _____

- Completed/Signed Health Information Form
- Signed Freedom of Information & Protection of Privacy Consent
- Signed Player Code of Conduct
- Signed Parent/Guardian Responsibilities/Code of Conduct
- Copy of Players Birth Certificate
- Respect in Sport (Parent) online course completed (**player is not allowed on ice until it is completed**)
- **Both PO Box & Street/Land Location are Listed under address**
- Fees:
 - Registration Fee (1/2 Price for First Year Players)
 - Paid in Full (Dated August 15th/19): Cheque # _____ Cash _____
 - Paid 50/50: Aug15/19 Cheque# _____ Dec31/19 Cheque# _____
 - Paid 1/3: Aug15/19 Cheque# _____ Sept15/19 Cheque# _____
Dec31/19 Cheque# _____
 - Jersey Deposit \$200 (Dated March 1/20) Cheque# _____ Cash _____
 - Food Booth Deposit \$100 (Dated Nov 1/19) Cheque# _____ Cash _____

Fee Schedule		Regular Fee	Late Registration Fee
Hockey Level	Year of Birth	Register On or BEFORE Aug 15/19	Register On or AFTER Aug 16/19
Initiation	2013 & Later.....	\$300.....	\$300.....
Novice.....	2011 & 2012.....	\$300.....	\$300.....
Atom.....	2009 & 2010	\$350.....	\$450.....
Peewee.....	2007 & 2008	\$350.....	\$450.....
Bantam.....	2005 & 2006.....	\$400.....	\$500.....
Midget.....	2002, 2003, 2004	\$400.....	\$500.....
Family – for three or more players.....		\$1000.....	will pay each player individual late fee

Manning Minor Hockey 2019 / 2020 Registration

Player Registration Information			
Player Name _____			
Birthdate	Day _____	Month _____	Year _____ Sex: Male / Female _____
P.O. Box	Town _____		Postal Code _____
Street Address or Land Location _____			
Home Phone _____		Players Cell Phone _____	
Alberta Health Care # _____		Last Team Played For _____	
Mothers Name _____		Fathers Name _____	
Lives With Player? _____		Lives With Player? _____	
Home Phone _____		Home Phone _____	
Business Phone _____		Business Phone _____	
Cell Phone _____		Cell Phone _____	
Email _____		Email _____	
Address (if not Same as Player) _____		Address (if not Same as Player) _____	
Alternate Emergency Contact if Parents Not Available _____			
Relationship _____		Cell Phone _____	
Home Phone _____		Business Phone _____	

Health Information

*This information will be accessed by your child's Coach and Safety Person only. Please explain all **Yes** Answers in the space provided below:*

- Have you ever been hospitalized? No Yes
- Have you ever had surgery No Yes
- Are you presently taking any medications or pills?..... No Yes
- Are you presently taking any vitamins or supplements? No Yes
- Do you have any allergies? No Yes
- Have you ever passed out during or after exercise? No Yes
- Have you ever been dizzy during or after exercise? No Yes
- Have you ever had chest pain during or after exercise? No Yes
- Do you tire more quickly than your friends during exercise? No Yes
- Have you ever had high blood pressure?..... No Yes
- Have you ever been told that you have a heart murmur? No Yes
- Have you ever had racing of your heart or skipped heartbeats? No Yes
- Has anyone in your family died of heart problems or a sudden death before age 50?..... No Yes
- Do you have any skin problems? No Yes
- Have you ever had heat or muscle cramps? No Yes
- Have you ever been dizzy or passed out in the heat?..... No Yes
- Do you have trouble breathing or do you cough during or after activity? No Yes
- Do you use any dental appliances? No Yes
- Do you use any special equipment? (Pads, braces, neck rolls, eye guards, etc)?..... No Yes
- Have you had any problems with your eyes or vision? No Yes
- Do you wear glasses or contacts or protective eye wear? No Yes
- Have you had any other medical problems? (Infectious mononucleosis, H1N1, diabetes, asthma, etc) No Yes
- Have you had a medical problem or injury since your last evaluation? No Yes
- Have you had any unexplained weight change? No Yes
- Have you refused childhood immunizations as offered through your public health unit No Yes

Explain any YES Answers

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Head Injuries / Concussions:

Have you ever had a seizure?..... No Yes
Have you ever had a head injury?..... No Yes
Have you ever had a concussion or been "knocked out" or "stunned" by a hit to your head?..... No Yes
Date Activity at the time of injury Length of unconsciousness in minutes length of time before full return to activity

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.....

Did you have any persistent problems with memory, dizziness, and or headaches?..... No Yes
If **yes**, list details:.....

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.....

Neck Injuries / Burners / Stingers

Have you ever had a neck injury (i.e. strain, sprain, fracture, etc)..... No Yes
Have you ever had a stinger, burner or pinched nerve? (Burning or numb feeling in the shoulder or arm after a
hit to the head, neck or shoulder)..... No Yes
Date Activity at the time of injury length of time before full return to activity

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Previous Injuries

Check any of the areas that you have injured in the past:

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

Date Type of injury which Side was affected Is it still a problem?

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.....
.....
.....

Do you have any injury that has not completely healed? No Yes
If yes, please explain:.....

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.....

Are there any other medical or emotional issues that would be helpful for your child's Coach and Safety Person to be aware of?

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.....

I agree that before my child participates in a hockey program, any medical condition or injury problem will be checked out by a physician. I understand that it is my responsibility to advise the team Safety Person of any change in the above information as soon as possible.

In the event of a medical emergency and 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 authorize release of information to appropriate people (coach, physician) as deemed necessary.

Signature Parent _____ Date _____

Freedom of Information and Protection of Privacy (FOIP) Consent

Information collected on the Manning Minor Hockey registration form is personal information as referred to in the Freedom of Information and Protection of Privacy Act and in the Hockey Alberta Privacy Policy. The FOIPP act requires that parents/guardians be advised of the use of personal information that is not authorized by Hockey Alberta.

1. The player information is collected and maintained so as to properly co-ordinate and operate the Manning Minor Hockey Association program. It is also provided to Hockey Alberta and Hockey Canada, or any league that the players team plays in, for registration, recording, statistical information and insurance purposes.
2. Team or Individual Players' names, information, data, photos and comments may also be used in team or league newsletters, annual reports, Manning Minor Hockey and Hockey Alberta Websites, radio, newspaper and other hockey or local publications.
3. Players' names and parents'/guardians' telephone numbers, email addresses and other information may be used for the purpose of team, league and Manning Minor Hockey communication and transportation matters and services.
4. Players' names may be included in lists for the purpose of team placement and for tracking player statistics by the team, leagues, Hockey Alberta and such statistics may be displayed on their websites.



I understand the use of our personal information as outlined above.

I give Manning Minor Hockey permission to release personal information to the media

I DO NOT give Manning Minor Hockey permission to release personal information to the media

Name of Child _____

Signature of Parent / Guardian _____ Date _____

Player Code of Conduct

It is the intention of this pledge to promote proper behaviour and respect for all participants within the Association. **All players, Atom level and up, must sign this pledge before being allowed to participate in hockey and must continue to observe the principles of Fair Play.**

1. I will play hockey because I want to, not because others or coaches want me to.
2. I will play by the rules of hockey and in the spirit of the Game.
3. I will control my temper - fighting or "mouthing-off" can spoil the activity of everyone.
4. I will respect my opponents.
5. I will do my best to be a true team player.
6. I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.
7. I will acknowledge all good plays and performances - those of my team and my opponents.
8. 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 this Code of Conduct as set and supported by Manning Minor Hockey.

I also agree to abide by the rules, regulations and decisions as set for Manning Minor Hockey.

Player Signature _____ Date _____

(Pledge taken from Alberta Hockey website)

Parent / Guardian Responsibilities

Parent's Code of Conduct

It is the intention of this pledge to promote proper behaviour 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.

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 for making a mistake or losing a 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 the 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.

Equipment Safety

I understand that my child / ward will not be allowed on the ice without full hockey equipment including CSA approved helmet, shin guards, neck guard, mouth guard and protectors.

Volunteer Responsibilities.

I understand that by registering my child in hockey that I will be committed to working my food booth duties as scheduled or find a suitable replacement, per food booth executive policies.

I understand that I will also be responsible for helping with time clock, penalty box, and other game and tournament duties as the need arises.

Liability Waiver

This is to certify that (players name) _____, has my permission to take part in the activities supervised and controlled by the Manning Minor Hockey Association, and I hereby release the executive, coaches, managers, supervisors and the drivers from all responsibility for any accident or injuries resulting from his/her participation in this program.

I agree to abide by the Parent's Code of Conduct, Equipment Safety, Volunteer Responsibilities and Liability Waiver as outlined above.

I agree to abide by the policies, rules, regulations and decisions as set for Manning Minor Hockey.

Mother or Guardian's Signature _____ Date _____

Father or Guardian's Signature _____ Date _____