



### Important Information:

**Please read this registration information prior to filling out the attached registration package.**

The deadline for early registration is August 1, 2019. To be considered complete, the registration package must include the following:

1. **ALL forms** complete & signed – registration, medical info, player contract & parent contract
2. a non-refundable initial payment of \$60 to cover insurance must be paid up front
3. the remainder of the registration fee (i.e., the registration fee minus \$60) paid in full or divided into three equal post-dated cheques – August 15<sup>th</sup>, September 15<sup>th</sup> and October 15<sup>th</sup>

**Please make cheques payable to:** *Tri Port MHA Female Hockey Program*

*KidSport Application – [http://www.kidsportcanada.ca/site/assets/files/1683/2018-ks\\_bc\\_application.pdf](http://www.kidsportcanada.ca/site/assets/files/1683/2018-ks_bc_application.pdf) Confidential financial assistance is available through KidSport for up to \$400. It is the parent's responsibility to complete Sections 1, 3 and 4 of the KidSport application and **include the application with their child's registration package**, along with the \$60 insurance fee. The Tri Port MHA Female Hockey Program will submit the completed application to KidSport for processing.*

**Registration packages can be mailed to:** *Female Hockey Program, Tri Port MHA  
P.O. Box 1751, Port McNeill, BC, V0N 2R0*

**Or scanned and emailed to:** [triportwild@gmail.com](mailto:triportwild@gmail.com)

**If opting to send a scanned package, please make sure that ALL forms are provided, and the scan is legible. The \$60 insurance fee and remaining fee can be e-transferred to [tpwildtreasurer@gmail.com](mailto:tpwildtreasurer@gmail.com). Please note the player's name in the comments and use the password **hockey**. The remaining fee can be done in three equal payments as noted above.**

Female team configurations for the 2019/20 hockey season will depend on the number of applicants within each division. Please note that there is no female hockey option for pre-nut and peanut aged players.

For players new to hockey, and/or players in the novice and atom divisions, the intro to female hockey group is a great option. It is open to all female players novice and older. This group has one practice per week, with approximately 10 games throughout the season, all played locally. It is a lower commitment option, with a focus on player development and fun.

Female players born in 2010 or older, have the option of playing on a travelling female team as part of VIAHA's female rec league. Again, the female team configurations will depend on the number of applicants within each division and will include a mix of ages (including underage and overage players). For the 2019/20 season, the female hockey program is hoping to roster an atom (birthyear 2010 & 2011) and peewee (birthyear 2012 & 2013) travelling female team. There may be an option for a player born in 2014 to play on the peewee team.

If the travelling team option is not a go due to numbers, the \$60 insurance fee will be refunded, along with the remainder of the registration fee.

Travelling female teams have two practices per week (rotating through the three North Island rinks) and regular weekend games as part of VIAHA's female recreation league. Some games are played down island (approximately 4-6 weekends over the hockey season), and some are played locally, against other female teams from across Vancouver Island.

If you have any further questions, please feel free to contact Tricia Ewen at 250-230-0516 or [triportwild@gmail.com](mailto:triportwild@gmail.com)

**PLAYER REGISTRATION FORM**  
**2019/2020 Season**

**All registration forms must be fully completed, signed by parent/guardian, received by Club Registrar and entered into the Hockey Canada Registrar (HCR) before any player will be allowed on the ice.**

**Player Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_

Gender: M ☐ F ☐ Mailing Address (Box #): \_\_\_\_\_ Town: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Care Card: \_\_\_\_\_

Hockey Club Applicant is Registering to: \_\_\_\_\_

Division: Prenut/Peanut ☐ Novice ☐ Atom ☐ Peewee ☐ Bantam ☐ Midget ☐ Juvenile ☐  
(See Bottom of Page 2 for description of age ranges for Divisions above)

Previous Minor Hockey Association: \_\_\_\_\_  
(Transfer package and proof of residence required if new to the Tri Port Minor Hockey Association)

**Parent/Guardian Contact Information:**

(1) Father Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Lives with Player Yes ☐ No ☐

Email: \_\_\_\_\_  
(2) Mother Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Yes ☐ No ☐

Email: \_\_\_\_\_  
(3) Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Yes ☐ No ☐

Email: \_\_\_\_\_  
(4) Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Yes ☐ No ☐

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parents Section:**

***The local Hockey program is run 100% by volunteers. We are always looking for people to assist in various capacities throughout the year to make the hockey season successful for our children.***

Are you willing & available to Coach or Assistant Coach? Yes ☐ No ☐

Are you willing & available to be a Team Manager? Yes ☐ No ☐

Are you willing & available to serve as a Team Safety Person? Yes ☐ No ☐

Are you or your child (12 +yrs) willing to take the Referee course in October? Yes ☐ No ☐

Has one parent/guardian completed the **MANDATORY\*** Parent level Respect in Sport? Yes ☐ No ☐

If No, please complete at <https://bchockeyparent.respectgroupinc.com/> \*Parent RIS or Coach level RIS will be accepted.

If player being registered is a Female that is not enrolled in the Female hockey program, would player like to be included in TriPort female hockey communications & involved with special female hockey events hosted in TriPort? Yes ☐ No ☐

Please tick ✓ the applicable row and circle ○ payment amount below

tick ✓	North Island Eagles Hockey Club	Tryout <sup>1</sup>	Fee if paid by July 21 <sup>1</sup>	Fee if paid after July 21 <sup>1</sup>	Total Fee
	North Island Eagles Hockey – Atom to Juvenile (Early fee)	\$125	\$510		\$635
	North Island Eagles Hockey – Atom to Juvenile (Regular fee)	\$125		\$560	\$685
	Tri Port Female Hockey	Fee if paid by Aug 1 <sup>1</sup>		Fee if paid after Aug 1 <sup>1</sup>	
	Tri Port Female - Intro to Female Hockey (Novice/Atom)	\$300		\$325	
	Tri Port Female – Atom to PeeWee (VIAHA Female League)	\$450		\$500	
	Tri Port Female – Bantam to Midget (VIAHA Female League)	\$500		\$550	
	Port Alice Minor Hockey Club – (All Divisions)	\$410			
	Port Hardy Hockey Club	Fee paid by Aug 15th <sup>1</sup>	Fee paid by Aug 31st <sup>1</sup>	Fee paid after Sept 1st <sup>1</sup>	
	Port Hardy Minor Hockey Club – Initiation (Prenut-Peanut)	\$335	\$360	\$385	
	Port Hardy Minor Hockey Club – Novice-Midget	\$410	\$435	\$460	
	Port McNeill Hockey Club	Fee if paid by Aug 1 <sup>1</sup>		Fee if paid after Aug 1 <sup>1</sup>	
	Port McNeill Minor Hockey Club – Initiation (Prenut-Peanut)	\$330		\$380	
	Port McNeill Minor Hockey Club – Novice-PeeWee	\$405		\$455	
	Port McNeill Minor Hockey Club – Bantam-Midget	\$430		\$480	
	Port McNeill Minor Hockey Club – First time Prenut-Peanut	\$280		\$330	
	Port McNeill MHC – First Time Player (all other Divisions)	\$330		\$380	
	Port McNeill Minor Hockey Club – 3 <sup>rd</sup> Child any division	\$180		\$230	
	Port McNeill Minor Hockey Club – 5 session trial any player	\$105		N/A	

If registration fees are going to be paid by an organization or individual other than the registering parent/guardian, please indicate below which organization will be making payment on behalf of the registered player.

Kidsport ☐ Jumpstart ☐ Gwa'sala-'Nakwaxda'xw Nation ☐ Other ☐ \_\_\_\_\_  
(Specify Name)

**Note: It is the responsibility of the parent to apply for financial assistance. Financial assistance applications must be completed and returned with the registration form prior to player participating on the ice. [www.KidSport.ca/BC](http://www.KidSport.ca/BC)**

**NOTE: Parent custody arrangements must be disclosed to the registering hockey club and Tri Port MHA**

Parent/Guardian registering Player (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Registering Player's Parent/Guardian (SIGNATURE): \_\_\_\_\_ Date: \_\_\_\_\_

➡ **Annual payment receipts will be emailed to the Registering Parent as listed immediately above.**

**SIGNATURE and WAIVER:** We hereby acknowledge the authority of Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, and agree to carry out and abide by the Constitution, Bylaws, Rules and Regulations of those governing bodies. **EQUIPMENT:** At the end of the season covered by this registration, we agree to return all equipment provided by the applicable hockey club within Triport Minor Hockey Association, in good condition and should we fail to do so we agree to reimburse the respective Club for the replacement cost. **RELEASE:** In consideration of this application to play under the auspices of Triport Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, remise release and forever discharge Hockey Canada, BC Hockey, VIAHA and Triport Minor Hockey Association, its officers, or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of Triport Minor Hockey Association. **DISCLOSURE:** By Submitting this registration form, we hereby authorize Triport Minor Hockey Association to disclose any and all information herein contained to such persons, firms or corporations as the Triport Minor Hockey Association shall, in its sole discretion, determine.

**Age Range of Hockey Divisions based on player's age on December 31<sup>st</sup> of current hockey season:**

Initiation Prenut	Initiation Peanut	Novice	Atom	PeeWee	Bantam	Midget	Juvenile
4 years	5-6 years	7-8 years	9-10 years	11-12 years	13-14 years	15-17 years	18-20 years

OFFICE USE ONLY				
Fee Description	Date Paid	Cash ✓	Cheque #	Amount
TOTAL PAID				

<sup>1</sup> Fee includes \$60 insurance that is non-refundable but is transferrable to other hockey clubs within Tri Port MHA

## MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

Parent/Guardian #1: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

## Alternate emergency contact (if parents are not available)

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

*Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician*

## Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

Yes ☐ No ☐ MedicationYes ☐ No ☐ AllergiesYes ☐ No ☐ Previous history of concussionsYes ☐ No ☐ Fainting or seizure during or after physical activityYes ☐ No ☐ Near fainting or BrownoutsYes ☐ No ☐ Seizures and/or epilepsyYes ☐ No ☐ Wears glassesYes ☐ No ☐ Are lenses shatterproofYes ☐ No ☐ Wears contact lensesYes ☐ No ☐ Wears dental applianceYes ☐ No ☐ Hearing problemYes ☐ No ☐ AsthmaYes ☐ No ☐ Trouble breathing during exerciseYes ☐ No ☐ Heart ConditionYes ☐ No ☐ Palpitations or Racing HeartYes ☐ No ☐ Family history of heart diseaseYes ☐ No ☐ Family history of unexpected death during physical activityYes ☐ No ☐ Family history of unexplained death of a young personYes ☐ No ☐ Diabetes – Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? \_\_\_\_\_Yes ☐ No ☐ Health problem that would interfere with participation on a hockey teamYes ☐ No ☐ Has had an illness that lasted more than a week and required medical attention in the past yearYes ☐ No ☐ Has had injuries requiring medical attention in the past yearYes ☐ No ☐ Been admitted to hospital in the last yearYes ☐ No ☐ Surgery in the last yearYes ☐ No ☐ Presently injured Injured body part: \_\_\_\_\_Yes ☐ No ☐ Vaccinations up to date Date of last Tetanus Shot: \_\_\_\_\_Yes ☐ No ☐ Hepatitis B vaccination

## Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

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

Medications: \_\_\_\_\_

Recent injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that 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 also authorize release of information to appropriate people (coach, physician) as deemed necessary.

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

Signature of Player: \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

*Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected 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.*



## SAFETY AND RISK MANAGEMENT MANUAL

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### Appendix A

#### NAME OF ASSOCIATION

#### PLAYER CONTRACT

It is the intention of this contract to promote fair play and respect for all participants within the Association. All players must sign this contract stating that they will observe the principles of the Fair Play Code before being allowed to participate in hockey.

#### FAIR PLAY CODE

I will play hockey because I want to, not because others or coaches want me to.

I will play by the rules of hockey and in the spirit of the Game.

I will control my temper - fighting or "mouthing-off" can spoil the activity of everyone.

I will respect my opponents.

I will do my best to be a true team player.

I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.

I will acknowledge all good plays and performances - those of my team and my opponents.

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 the FAIR PLAY CODE as set by Hockey Canada and supported by the \_\_\_\_\_ Association.

I also agree to abide by the rules, regulations and decisions as set by the \_\_\_\_\_ Association.

PRINT  
NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE:

PLAYER \_\_\_\_\_ TEAM NO. \_\_\_\_\_

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"Hockey is a great game and the atmosphere you create in the rink can have a huge positive impact on everyone's experience. The coaches, officials and players – everyone can feel it. So, the next time you're at your son's or daughter's game, be supportive, encouraging and provide inspiration. You will be supporting the Fair Play Code and contributing to a positive and fun playing environment for your kids. Remember, leadership and sportsmanship starts in the stands with you."

- Trevor Linden, President of Hockey Operations, Vancouver Canucks

## PARENT - CONTRACT

It is the intention of this CONTRACT to promote fair play 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.

## FAIR PLAY CODE

I will not force my son or daughter to participate in hockey.

I will remember that my son or daughter plays hockey for his or her enjoyment, not mine.

I will encourage my son or daughter to play by the rules and to resolve conflict without resorting to hostility or violence.

I will make my son or daughter feel like a winner every time by offering praise for competing fairly and playing their best.

I will never ridicule or yell at any participant for making a mistake or losing a game.

I will remember that children and youth learn by example. I will applaud good plays and performances by both my child's team and their opponents.

I will never question the official's judgment or honesty in public. I recognize officials are developing in the same manner as players.

I will support all efforts to remove verbal and physical abuse from hockey games.

I will respect and show appreciation for the volunteers who give their time to hockey.

I agree to abide by the principles of the FAIR PLAY CODE, rules, and regulations as set by Hockey Canada, BC Hockey and the \_\_\_\_\_ Association.

**I understand and accept that violation of this code may result in disciplinary action.**

I also agree to abide by the rules, regulations and decisions as set for the \_\_\_\_\_ Association.

PRINT NAME:	_____	DATE:	_____
CHILD NAME:	_____	CHILD:	_____
CHILD NAME:	_____	CHILD:	_____
SIGNATURE:	_____		

