

**From: Vanderhoof Minor Hockey
Association
REGISTRATION FORM FOR 2011/2012**

Hello to all Parents of all age Hockey Players

The new season is open for registration and I would like you all to register as soon as possible. The quicker you submit your forms and payment the quicker I can get all the players registered. This would be very helpful for me and the Executive Committee as September is very busy.

There are TWO options this year for registration

- a. The forms for players can be printed off the VANDERHOOF MINOR HOCKEY ASSOCIATION WEB page. This is found at

vanderhoofminorhockey.ca.

The form must be submitted by mail with a cheque
(post dated cheques are allowed but the cheque has to be made out for the 1 SEPTEMBER, 1 OCTOBER, 1 NOVEMBER - no other dates will be accepted..)

Mailing address:

VMHA, P.O. Box 42, Vanderhoof, BC, V0J 3A2

- b. The second option is to go in to OMINECA SPORTS - there are forms there for you to fill in. You can then mail them to the above address or leave them with Omineca Sport but if you leave them at the store you have to pay with **CASH OR DEBIT** - no cheques (these must be mailed)

Please note that Omineca Sport is not able to deal with questions and information, they are just doing us a favour making the store a central place for picking up the forms..

Thanks You Omineca Sports

PLEASE NOTE THAT THERE ALL FORMS ATTACHED MUST BE COMPLETED AND RETURNED WITH PAYMENT

DISCOUNT PRICES PAYED BEFORE 15 SEPTEMBER 2011

Timbits	\$99.00	age 5 and 6
Novice	\$315.00	age 7 and 8
Atoms	\$399.00	age 9 and 10
Pee Wee	\$399.00	age 11 and 12
Bantams	\$399.00	age 13 and 14
Midgets	\$399.00	age 15 16 and 17
Girls Team	\$399.00	ages 9 - 14

FULL PRICES AFTER THE 15 SEPTEMBER 2011

Timbits	\$130.00	age 5 and 6
Novice	\$345.00	age 7 and 8
Atoms	\$429.00	age 9 and 10
Pee Wee	\$429.00	age 11 and 12
Bantam	\$429.00	age 13 and 14
Midgets	\$429.00	age 15 16 and 17
Girls Team	\$429.00	age 9 - 14

PLEASE PAY EARLY - DON'T LOSE YOUR DISCOUNT

The draw for a free registration prize will take place after the 15 September 2011.

The Vanderhoof Minor Hockey email address is vmha2010@me.com

PLEASE FILL IN THE MEDICAL FORM AND RETURN WITH REGISTRATION FORM . NO REGISTRATION WILL TAKE PLACE WITHOUT THIS FORM..

if you have any questions please email me or call me at 250 567 5141

Many thanks

Dy deVos

Registration form for VHMA

Must complete

**REGISTRATION FORM FOR VMHA
MUST COMPLETE**

BCAHA requires all players and their parents/guardians to sign a Fair Play Code contract. If you have any questions regarding Vanderhoof Minor Hockey please contact Jason Mortiz, President at 250-567-5646

Player/Coaching Staff Information

Division: _____ DOB _____

Birth Certificate # _____

Last Name: _____

First Name _____

Male _____ Female _____

Family Plan: 1st/2nd Child - full price 3rd - half price for their age group
 4th 5th 6th

Required by BCAHA

Street Address _____

Mailing Address _____

Email Address
(Receipt) : _____

Medical Information

B C care
card _____ Doctor _____

Check any medical conditions/disabilities:

___ Asthma ___ Diabetes ___ Glasses ___ Contact Lenses ___ Seizures
___ Blackouts ___ Headaches

List any allergies:

List any regular medications:

Emergency Contact:

Parent/Guardian Information: Please start with contact person to give to team manager for practices and games

Last Name First Name Phone No. Relationship

Players History

Season Association Division Level

Signature and Waiver

We hereby acknowledge the authority of the CHA, BCAHA, PCAHA and the Minor Hockey Association, and agree to carry out and abide by the constitution, Bylaws, Rules and Regulations of the associations.

Equipment: We at the end of the season covered by this registration agree to return all equipment provided by Vanderhoof Minor Hockey in good condition and should we fail to do so, agree to reimburse the Association for the replacement cost of same.

Release: In consideration of the application to play under the auspices of the Minor Hockey Association, I do hereby for myself, heirs, executors, administrators and assigns, release and forever discharge the CHA, BCAHA, PCAHA, the 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 personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the Association.

Player

Signature _____

Parent/Guardian

Signature _____

NOTE: Players or Parents wishing to take the referee courses, please fill out the enclosed form. We encourage anyone 12 years old and up to join our referee program. We need more referees.

TRAVELS WITH COACH AND SAFETY PERSON HOCKEY CANADA

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

_____ Postal Code: _____ Telephone: (_____) _____

Provincial Health Number (optional): _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____

Telephone: _____

Address: _____

Doctor's Name: _____

Telephone: (_____) _____

Dentist's Name: _____ Telephone: (_____) _____

Date of last complete physical examination: _____ * Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

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

- Yes No Medication
- Yes No Allergies
- Yes No Previous history of concussions
- Yes No Fainting episodes during exercise
- Yes No Seizures and /or epilepsy
- Yes No Wears glasses
- Yes No Are lens shatterproof
- Yes No Wears contact lenses
- Yes No Wears dental appliance
- Yes No Hearing problem
- Yes No Asthma

- Yes No Trouble breathing during exercise
- Yes No Heart Condition
- Yes No Diabetic – Type 1 _____ Type 2 _____
- Yes No Family history of heart disease
- Yes No Wears a medical information bracelet or necklace For what purpose? _____
- Yes No Has any health problem that would interfere with participation on a hockey team
- Yes No Has had an illness that lasted more than a week and required medical attention in the past year
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Has been admitted to hospital in the last year
- Yes No Surgery in the last year
- Yes No Presently injured. Injured body part: _____
- Yes No Vaccinations up to date
Date of last Tetanus Shot: _____ Hepatitis B vaccination

Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent injuries:
Any information not covered above: _____

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 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.

VANDERHOOF MINOR HOCKEY 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 VANDERHOOF MINOR HOCKEY Association.

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

NAME _____ DATE _____

SIGNATURE:

PLAYER _____ TEAM _____

NO. _____

VANDERHOOF MINOR HOCKEY PARENTS 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 child to participate in hockey.

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

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

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.

I will make my child feel like a winner every time by offering praise for competing fairly and hard. I will never ridicule or yell at my child for making a mistake or losing a game.

I will remember that children 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 being developed in the same manner as players.

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.

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 for the VHMA Association

SIGNATURES:

PARENT _____ PARENT _____

VANDERHOOF MINOR HOCKEY REFEREE REGISTRATION FORM

Season 2011 - 2012

Staff Information

Level: _____

Name: _____

Male _____ Female _____

Age _____ Note: Anyone aged 18 and over is required to have a criminal record check.

Required by BCAHA

Street Address

Mailing Address

Email Address (Receipt)

Medical Information

B C care
card _____ Doctor _____

Check any medical conditions/disabilities:

___ Asthma ___ Diabetes ___ Glasses ___ Contact Lenses ___ Seizures
___ Blackouts ___ Headaches

List any allergies:

List any regular medications:

Emergency Contact:

RIC: Dan Nickel - please contact Dan for more information

1 -(250) 961-0580 email: dannickel@live.com