



High Country Minor Hockey Association - Box 1004 Turner Valley, AB T0L 2A0 www.highcountryrockies.ca

Welcome to another exciting season of Minor Hockey.

What You Need To Do:

- Complete and sign the **Registration Form**
- If you have never registered for minor hockey anywhere in Canada please provide player's birth certificate number & a copy of the birth certificate
- Calculate your total costs using the **Costs List Worksheet**
- **Fill out and return all forms**
- **Complete the Respect In Sport program online**
- Attach a cheque for the **Total Costs** amount
- Attach a post-dated cheque to April 1, of next year in the amount of \$200/family as a volunteer bond (**you will be contacted if the volunteer bond will be cashed or the cheque will be shredded at the end of the season**)

Once completed, PLEASE RETURN:

1. Registration Form
2. All consent and medical forms
3. **Copy of Respect In Sport Program Certificate**
4. Cheque for registration fees
5. \$200 cheque for volunteer bond/ family
6. Birth Certificate Registration Number & copy of birth certificate (*If this is your first time playing hockey*)
7. Birth Certificate Registration Number, copy of birth certificate, and Parent Declaration Form (*If you played in another association last year*)

(Additional forms can be found on the website at www.highcountryrockies.ca)

Completed application packages can be returned via mail to:

High Country Minor Hockey
Box 1004
Turner Valley, AB T0L 2A0

Registrations must be received by July 31.

**Any registrations received after July 31 will be placed on a waiting list if teams are full
HCMHA, at its discretion, may cap enrollment as teams reach capacity**

Fall Schedule Ice Expectations

Initiation:	2 shared ice practices per week / weekend games
Novice:	2 shared ice practices per week / weekend games
Atom:	1-2 shared ice practices per week / weekend games
Pee Wee:	1-2 shared ice practices per week / weekend games
Bantam:	2 full ice practices per week / weekend games
Midget:	2 full ice practices per week / weekend games

Note: We are a traveling association and will be playing league games within the CAHL.

Note: Depending on numbers of teams registered and schedule conflicts; Bantam and Midget teams may have 1 practice at Oilfields Arena in the morning.

HIGH COUNTRY MINOR HOCKEY ASSOCIATION

Player Registration Form

Circle which team your child will be registering for (Age as of December 31, of current hockey season)

	U 7	U 9	U 11	U 13	U 15	U 18
Age	5 and 6 2013-2014	7 and 8 2011-2012	9 and 10 2009-2010	11 and 12 2007-2008	13 and 14 2005-2006	15, 16 and 17 2002-2003-2004
Fee	\$610.00	\$685.00	\$870.00	\$925.00	\$960.00	\$1015.00

Player's Name: _____ Date of Birth (mm/dd/yy): _____

Sex: (Circle one) Male / Female

Played For _____ Minor Hockey Association Last Year

Birth Certificate Registration Number (please attach a copy of birth certificate): _____

Mailing Address: P.O. Box: _____ Town: _____

Street Address (IF IN TOWN): _____ Postal Code: _____
OR

Legal Land Description (IF RURAL): _____

Parent / Guardian Name: _____

Home Phone: _____ Cell Phones: _____

Email: _____ Alberta Health Care Number: _____

Medical Conditions: (i.e. Allergies, Asthma etc...) _____

If you were referred by someone, please indicate who: _____

In case of injury or accident, an **Adult, other than a Parent**, to be contacted:

Name: _____ Phone: _____

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY:

In consideration of High Country Minor Hockey Association's acceptance of the Application, whose name appears above as a player in the League program, the Applicant and his/her Parents or legal Guardian agree that neither the Hockey Association for whom he/she plays nor the High Country Minor Hockey Association in which it operates, owners of the rinks on which he/she plays, nor coaches, managers or other team/league officials will be held responsible for any accidents or loss of personal property, however caused, and agree to release the aforementioned individuals and associations from all claims and damages which may arise as the result of such accident or loss. It is further agreed that all risks in said Hockey program are assumed by the player and his/her parents or legal guardians and the assumption of all the above is both acknowledged and approved by their signature hereto.

RELEASE OF ADDRESS/MAILING INFO:

I hereby release High Country Minor Hockey Association to forward my mailing address information to other Associations that may require such information for try-outs, conditioning camps and other Hockey related business and opportunities (Example High River Bison AA program etc...) I also consent to the use of this information on the HCMHA website, which on the team pages that team managers will be posting to, may contain photos of players along with player's names and / or jersey numbers.

PAYMENT OF REGISTRATION FEE:

Payment of Registration Fees due at time of registration.

Should the opportunity arise, I give permission for the above named player's name, picture or video to be included which may be taken by representatives of High Country Minor Hockey Association to be used in publications, media coverage, club website, promotional activities, arena bulletin board, trophies/awards, newsletters, etc. YES _____ NO _____

Signature of Parent or Guardian (only)

Date

ACTIVITY	Cost per player	Multiplied by # of players	Total Cost
Registration Fees:	Regular fee		
U 7	\$610.00	X	
U 9	\$685.00	X	
U 11	\$870.00	X	
U 13	\$925.00	X	
U 15	\$960.00	X	
U 18	\$1015.00	X	
Conditioning Camp	FREE (paid by Faceoff the Foothills Atom Tournament)	X	
Total Registration Fees			
Volunteer Bond (team managers to advise expectations at beginning of season)	PLEASE DATE THIS CHEQUE FOR APRIL 1, OF THE NEXT YEAR		\$200.00

Respect In Sport Online Program

Hockey Alberta has mandated starting the **2012/2013** hockey season that at least one parent or guardian of every player in Alberta takes the Respect in Sport program. This is an online program that can be found on the Hockey Alberta website www.hockeyalberta.ca . It takes about an hour to complete and cost is posted on the website. Once you have completed the course you will receive a certificate.

High Country Minor Hockey Association is requiring that we receive a copy of the certificate of completion by August 31, 2019.

You can either mail it to us at:

Box 1004
Turner Valley, AB
T0L 2A0

Or email a copy to: rockiesminorhockey@gmail.com

If we do not have a certificate of completion for the Respect In Sport Program for your player(s) they will not be able to go on the ice until such time we receive a copy.

At the Boards discretion you may be asked to repeat this course.

In the spring of 2017, Hockey Alberta announced that – effective for the 2018-19 season – Parents and Coaches/Team Officials would be required to recertify their Respect in Sport every four seasons. The requirement to recertify comes into effect on May 1.

For the 2018-19 season, the requirement to recertify affects Parents and Coaches/Team Officials who completed their Respect in Sport certification prior to the 2015-16 season.

The Respect in Sport Parent Program helps define a standard of behavior for all parents and create a more rewarding, safe and respectful environment for everyone involved. Parents want to do a great job supporting their kids. Respect in Sport provides parents with the tools to do just that.

The Respect in Sport Activity Leader/Coach Program educates coaches and activity leaders to recognize, understand and respond to issues of bullying, abuse, harassment and discrimination. It may be the single most important training your leaders will receive to assist them in creating a safe, healthy and respectful environment for all participants. NOTE: Speak Out is no longer recognized as a relevant program for Coaches.

As with any change, there will be questions. Enclosed with this Bulletin is an FAQ designed to assist Minor Hockey Association Registrars with the process of identifying those parents, coaches and team officials who are required to recertify, and contacting them to ensure they know about the recertification requirement.

A set of FAQs has also been designed for Parents, Coaches and Team Officials. It is available on the Hockey Alberta website under the Members tab, and any of your members with questions should be directed there. That FAQ will be updated as new questions are presented.

If you have any questions regarding required recertification of Respect in Sport, please contact the Hockey Alberta office, info@hockeyalberta.ca.

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.



Town of Black Diamond

Oilfields Regional Arena (Indoor)

PO Box 10, Black Diamond, AB, T0L 0H0
611 3rd Street SW ~ Phone 403-933-5272 ~ Fax 403-933-4842

Please Read and Sign the Following Waiver

TOWN OF BLACK DIAMOND (OWNER)

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.

I, the undersigned am aware that use of the Arena (including the License Area) involves inherent risks, dangers and hazards, including, but not limited to collision with Arena equipment, resurfacing equipment or other structures or objects used in connection with the Arena, impact or collision with other Users of the Arena, the failure to conduct one's activities within one's own ability, negligence of other Users of the Arena, additional risks arising out of competition, and negligence on the part of the Arena or its staff and I freely accept and assume all such risks, dangers and hazards and possibility of personal injury, death, property damage or loss resulting therefrom to me or my child.

In consideration of the Owner permitting my child to use the License Area within the Arena, I hereby agree as follows:

- a) TO WAIVE ANY AND ALL CLAIM that I (or my child) have or may have in the future against the Owner, its Councilors, officers, employees, agents and representatives (all of whom are hereinafter collectively referred to as the "Releasees");
- b) TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that my child or I may suffer or that my next of kin or legal representatives may suffer as a result of my use of the License Area, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;
- c) TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage, personal injury to a third party or other financial loss or expense, including legal expenses and costs on a solicitor-and-his-own-client basis, resulting from the use of the License Area by me or my child; and
- d) That this Agreement will be effective and binding upon me, my child, our heirs, next of kin, executors, administrators and assigns in the event of my or my child's death.

Child(s) Name 1. _____ 2. _____
Print Name Print Name

This is to certify that I, as parent/guardian with legal responsibility for the User which has signed above do consent and hereby agree to his/her release and waiver as provided in the Agreement.

_____	_____	_____
Date Signed	Parent/Guardian Signature	Witness Signature
_____	_____	_____
Print Name	Print Name	



Player: _____

You may withdraw your consent at any time by contacting the HCMHA Board of Director at rockiesminorhockey@gmail.com.

Photograph/Media Consent:

I hereby provide consent to High Country Minor Hockey Association to photograph, video/audio tape, or interview by child, and to post this information on the HCMHA website, social media accounts, or in promotional materials/advertisements. I understand that this information posted on these sites could be copied, altered, or moved to another site by anyone who visits these sites.

YES, I consent for my child to be (check all boxes that apply):

☐ Photographed and/or video/audiotaped by HCMHA

☐ Interviewed by HCMHA

I hereby provide consent to High Country Minor Hockey Association to permit media and/or other outside organization to film, photograph, video/audiotape, or interview by child. I understand that this information may be collected, used, reproduced, or broadcast by media or an outside organization and this information could be copied, altered, or moved to another site by anyone who visits these sites.

YES, I consent for my child to be (check all boxes that apply):

☐ Photographed and/or video/audiotaped by media

☐ Interviewed by media

Please ensure that you have reviewed all the information above before signing.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____



Player Code of Conduct

HCMHA has implemented a Player Code of Conduct which all players and parents must agree to and sign on an annual basis. This agreement is effective from September 1st to August 31st the following year. A copy of this agreement can be below. No player will be allowed to participate in any HCMHA event or activity without completing this document.

Failure to comply with the Player's Code of Conduct will result in the disciplinary process as outlined in the HCMHA Policies and Procedures Manual.

Physical abuse of another person will carry indefinite suspension from all minor hockey events until reviewed by HCMHA for further discipline.

Player Code of Conduct High Country Minor Hockey Association

The following is designed to act as a "**Code of Conduct**" and meant to serve as this associations guidelines for the management and protection of rights and privileges of all association members.

As a player in the High Country Minor Hockey Association (HCMHA), I shall be subject to the following **Code of Conduct, both on and off the ice**. Should I choose to break these codes, I understand that I will be subject to disciplinary measures, which may include: benching; suspension from practices and/or games; prohibition from skating; or dismissal from High Country Minor Hockey as well as those outlined in the HCMHA Policies and Procedures Manual.

Disciplinary measures may be administered by the team coaches or managers, or by a member of the HCMHA Board of Directors.

Purpose of this Code

This code of conduct is intended to promote and insure acceptable behaviour by person's involved with High Country Minor Hockey.

Fair Play Code for Players

- I will play hockey because I want to, not just 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 and "mouthing off" can spoil the activity for everybody.
- 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/performances - those of my team and of my opponents.
- I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

Definitions

- "President" is defined as President of the High Country Minor Hockey Association.
- A "Person" is hereby defined as but not limited to, a player, coach, official, parent, spectator, association volunteer, association employee or team official.
- "Association" is hereby defined as the Board of Directors of High Country Minor Hockey and members at large.

High Country Minor Hockey will *not* tolerate – on ice or off ice:

- Theft.
- Vandalism.
- Fighting.
- Bullying
- Cyberbullying
- Disrespect to referees, visiting hockey team officials or players, rink personnel, Person's, or any Hockey Officials.
- Abusive language or behaviour.
- Use of drugs, alcohol and/or tobacco.
- Use of chewing tobacco in the locker rooms.
- Poor sportsmanship.
- Locker room "trashing".
- Unacceptable behaviour or harassment.



Definition of Unacceptable Behavior and Harassment

An individual is displaying unacceptable behaviour if they are verbally, in writing, or physically harassing and/or abusing a game participant, Person, or association volunteer.

Harassment is defined as conduct, which is disrespectful, insulting, intimidating, humiliating, offensive or physically harmful to any Person or groups of Person's.

I agree to abide by this HCMHA Code of Conduct and accept that any violation of this document will result in disciplinary measures as outlined in the HCMHA Policies and Procedures manual.

Signed as agreed on this _____ day of _____, 20__.

PLAYER Print Name

Signature

GUARDIAN/PARENT Print Name

Signature



Parent/Guardian Responsibilities and Code of Conduct

PARENT/GUARDIAN RESPONSIBILITIES

Parent (or guardian) responsibilities are centered on commitment and support to the player, the sport of hockey, the association and the community. You as a parent, have not only made a commitment to your child, but have made a commitment to the coaching staff and the other players/families on a team that are counting on your child's commitment to the team. It is difficult for a coach to develop a team when some players are continually missing practices and/or games. Hockey is a TEAM sport; each player is a valuable member and contributes to the team and to the development and enjoyment of each player on the team. The team also relies on parents to assist the team throughout the season in various volunteer roles, fundraising and to serve as positive support and encouragement to players before, during and after games and practices. HCMHA will not tolerate disrespectful, obscene or obnoxious parents or fans. Such individuals will be subject to disciplinary action as outlined in the HCMHA Policies and Procedures Manual.

Parents are expected to follow the guidelines, policies and procedures set out by HCMHA. These processes are put in place to provide consistency and this is essential for providing the foundation to a successful association. Individuals that refuse to participate or follow the directives of the programs, policies/procedures set by HCMHA may result in disciplinary actions as outlined in the HCMHA Policies and Procedures Manual.

Hockey is a privilege, not a right and player registration can be refused.

PARENT/GUARDIAN CODE OF CONDUCT

HCMHA has implemented a Parent's Code of Conduct which all parents must agree to and sign on an annual basis. This agreement is effective from September 1st to August 31st the following year. A copy of this agreement can be found below. No player will be allowed to participate in any HCMHA event or activity without this form signed. Each form, whether signed by 1 parent/guardian or both, is applicable to all family members and guests of the family.

Failure to comply with the Parent's Code of Conduct will result in the disciplinary process as outlined in the HCMHA Policies and Procedures Manual.

Physical abuse of another person will carry indefinite suspension from all minor hockey events until reviewed by HCMHA for further discipline.

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**Parent/Guardian Code of Conduct
High Country Minor Hockey Association**

I/We, _____, agree to this Parent/Guardian Code of Conduct for my child's team operating under the guidelines of the High Country Minor Hockey Association (HCMHA) for the _____ season understand and fully agree to the following conditions:

1. HCMHA strictly enforces the 24 hour rule for dealing with conflicts/communication. See HCMHA Policy and Procedures for more detailed explanation/break down.
2. I/We will not force our child to participate in sports.
3. I/We remember that children participate to have fun and that the game is for the youth, NOT adults.
4. I/We will learn the rules of the game, policies and procedures, player evaluation and selection process of HCMHA.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, volunteers and spectators at every HCMHA sporting event.
6. I (and my guests) will speak respectfully at all times to: spectators, players, coaches, volunteers and officials at any HCMHA event.
7. I (and my guests) will not engage in any kind of unsportsmanlike or disrespectful conduct at any time with any official, coach, facility attendant, player, volunteer or parent such as: booing, taunting, yelling, bullying, harassment, insulting, swearing and using profane language or gestures.
8. I/We will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
9. I/We will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
10. I/We will ask that our child treat others with respect (how they want to be treated), regardless of race, creed, color, sex or ability.
11. I/We will teach our child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
12. I/We will praise our child for competing fairly and trying their hardest, and make my child feel like a winner.



13. I/We will never ridicule or yell at a child or other participants for making a mistake or losing a competition.
14. I/We will emphasize skill development and practices and how they benefit my child over winning.
15. I/We will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
16. I/We will demand a sports environment for my child that is free from drugs and public intoxication, I will refrain from their use at all sporting events.
17. I/We will make every effort to ensure that my child will be at all practices and games. In the event that my child is unable to attend an event, I will communicate this to the appropriate coaching staff or manager.
18. I/We will make every effort to support HCMHA and my child's team in fulfilling volunteer and fundraising obligations.
19. I/We agree to follow, abide and respect all of the by-laws, policies/procedures and rulings of HCMHA and its Executive and appointed committees, Central Alberta Hockey League and Hockey Alberta.
20. I/We understand that any violation of this document will result in disciplinary actions as outlined in the HCMHA Policies and Procedures.

Date: _____

PLAYER's Name: _____

PLAYER's Team : _____

2nd PLAYER'S Name: _____

2nd PLAYER'S Team: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

By signing this document, I agree to also be responsible for any guests or family members that are associated to my child, and their actions at any HCMHA event.