



## COACHES & TEAM OFFICIALS CONTRACT

It is the intention of this CONTRACT to promote fair play and respect for all participants within the West Ferris Minor Hockey Association. All coaches, managers and trainers must sign this CONTRACT before being allowed to participate in hockey and must continue to observe the principles of Fair Play.

### FAIR PLAY CODE

- *I will be reasonable when scheduling games and practices remembering that young athletes have other interests and obligations;*
  - *I will teach my athletes to play fairly and to respect the rules, officials, opponents and teammates;*
  - *I will ensure all athletes receive equal instruction, discipline, support and appropriate, fair playing time as per Policy 3.5;*
  - *I will not ridicule or yell at my athletes for making mistakes or for performing poorly. I will remember that children play to have fun and must be encouraged to have confidence in themselves;*
  - *I will make sure that equipment and facilities are safe and match the athlete's ages and ability; I will remember that children need a coach they can respect. I will be generous with praise and set a good example; and*
  - *I will obtain proper training and continue to upgrade my coaching skills.*
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- I will adhere to the WFMHA Policy on drafting 9 forwards; 6 defence and 2 goalies as per WFMHA Policy 9.7(e);
  - I will adhere to the WFMHA policy on Team Budgets; I understand that I have agreed to represent WFMHA and promote their programs and policies;
  - I will use the WFMHA website to administer all team communications;
  - I will ensure the team financials are submitted in the proper format and according to WFMHA Policy 9.12

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 West Ferris Minor Hockey Association, the Northern Ontario Hockey Association, the Ontario Hockey Federation and Hockey Canada.

TEAM NAME: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ TITLE OF OFFICIAL: \_\_\_\_\_

**PLEASE RETURN YOUR SIGNED COPY TO THE WFMHA OFFICE**