



## ALDERGROVE MINOR HOCKEY NEW PLAYER REGISTRATION

We look forward to welcoming you to Aldergrove Minor Hockey this upcoming season. Please note that you must provide ALL of the information noted below (forms, documents etc.) in order for us to accept your registration.

1. Player Registration Form
2. Medical Form
3. Parent Code of Conduct
4. Payer Birth Certificate (if players birth certificate is non-Canadian please contact the registrar prior to submitting these documents)
5. Copy of 2 proofs of residency
  - i. **Document 1 – Must be ONE of the following:**
    - \*HOMEOWNERS - 2020 Property Tax Notice (full page is required with the address at the top and bottom visible). *Please note that we cannot accept your Property Assessment.*
    - \*RENTERS - Current Lease or Rental Agreement (full signed agreement required - all pages)
  - ii. **DOCUMENT 2 - Must be ONE of the following and must not be more than TWO months old:**
    - \*Current hydro, gas, water, cable, satellite bill (cell phone bills are not accepted)

### Eligible ages and registration fees for the 2020-21 hockey season:

- ☆ 2015~U6~\$375 + \$100 jersey deposit = \$475
- ☆ 2014~U7~\$525 + \$100 jersey deposit = \$625
- ☆ 2013~U8~\$575 + \$100 jersey deposit = \$675
- ☆ 2012~U9~\$625 + \$100 jersey deposit = \$725
- ☆ 2011-2010~U11 (Atom)~\$725 + \$100 jersey deposit = \$825
- ☆ 2009-2008~U13 (Peewee)~\$725 + \$100 jersey deposit = \$825
- ☆ 2007-2006~U15 (Bantam)~\$725 + \$100 jersey deposit = \$825
- ☆ 2005-2003~U18 (Midget)~\$725 + \$100 jersey deposit = \$825
- ☆ 2002-2000~U21 (Juvenile)~\$725 + \$100 jersey deposit = \$825
- ☆ Goalies U11~U21 (With own equipment)~\$400+ \$100 jersey deposit = \$500

### Additional Fees (if applicable):

- ☆ \$15 player transfer fee (payable for player who as previously played hockey)
- ☆ \$100 rep tryout fee for players/goalies U11-U18 only

Due to the COVID19 pandemic registration,

- ☆ Please scan and send all documents in one package by email to [registrar@aldergroveminoorhockey.com](mailto:registrar@aldergroveminoorhockey.com)
- ☆ Subject heading: Registration new Player – “player’s name”



For More Information  
Please visit our website:

[www.aldergroveminoorhockey.com](http://www.aldergroveminoorhockey.com)

PO Box 903, Aldergrove, BC V4W 2V1

### Important Notes:

1. You will receive an email from the registrar within 10 days of the registrar receiving these documents to complete the registration with our TeamSnap Program.
2. Payment this season will be accepted by credit card or E-transfer only. Payment information will be sent to you along with the link to complete your TeamSnap registration.
3. Your registration will be complete once the TeamSnap registration is done and your payment has been received.

Contact the Association's  
Registrar:

[registrar@aldergroveminoorhockey.com](mailto:registrar@aldergroveminoorhockey.com)





**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 <input type="checkbox"/> No <input type="checkbox"/> Medication  | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma   | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team                         |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies   | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions                       | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition  | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year                                   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart   | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts                            | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy                              | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity            | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured<br>Injured body part: _____   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses   | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date<br>Date of last Tetanus Shot: _____                                     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof                               | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes – Type 1 _____ Type 2 _____                                   | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace<br>For what purpose? _____ |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance                                |   |  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem                                       |   |  |

**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.*



# PARENT'S CODE OF CONDUCT

**EVERY PARENT MUST SIGN & RETURN TO THE REGISTRAR AS PART OF EACH PLAYER'S REGISTRATION**

PLAYER NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_

**ALDERGROVE MINOR HOCKEY ASSOCIATION (AMHA)** recognizes the need to support our volunteers and set a minimum level of expectations for the parents of the players involved in our system to promote fair play and respect for all participants within the Association. All parents must sign this code of conduct prior to their child being allowed to participate in hockey.

As a parent/guardian/supporter of an AMHA player, you have the responsibility to:

1. Ensure to the best of your ability that your child abides by the rules of hockey, the policies of the AMHA and the principles of good sportsmanship.
2. Ensure to the best of your ability that your child respects his/her teammates, coaches, team officials, referees, opponent, opposing coaches, opposing team officials and other participants in games, practices and other Association activities.
3. Ensure to the best of your ability that your child conducts himself/herself in a manner that minimizes the risk of injury, both physically and psychologically, to himself/herself and others which includes refraining absolutely from making derogatory comments as to another individual's race, ethnic origin, color, religion, gender and/or sexual orientation.
4. Ensure you and all supporters of your child refrain from criticism of coaches, team officials, referees, teammates, opponents, opposing coaches, opposing team officials and other participants in AMHA games and other association activities and, when you feel that criticism is warranted, you shall offer it in a manner that is fully respectful, through proper channels and away from the hockey rink in any event and abide by the 24 rule.
5. Ensure you and all supporters of your child refrain from directing comments which are insulting, intimidating, humiliating, hurtful, malicious, degrading or otherwise offensive to players, team officials, referees and association volunteers including but not restricted to Division Coordinators, Board Members, Staff and Volunteers. If you feel that criticism of any such person is warranted, you shall offer it in a manner that is fully respectful, through proper channels and away from the hockey rink in any event and abide by the 24 rule.
6. Familiarize yourself with, and abide by the policies and procedures of the AMHA.
7. Ensure that you and all supporters of your child support all efforts to remove verbal and physical abuse in AMHA games and other association activities. Ensure that you and all supporters of your child never question the official's judgment or honesty in public. Recognize that officials are being developed in the same manner as players.
8. Ensure that you and all supporters of your child will observe the rules of BC HOCKEY such as the Zero Tolerance of alcohol and banned substances.
9. Ensure that you and all supporters of your child do not approach the bench during or at the conclusion of a game, skills or practice session unless asked to do so by a team official.
10. Ensure that you and all supporters of your child understand that comments or remarks of an inappropriate nature on social media platforms, group chats/texts, and email or in person, which are detrimental to your child's team, another team, the association or an individual will not be tolerated and will be subject to disciplinary action.
11. Ensure that you and all supporters of your child will respect and show appreciation for the volunteers who give their time to hockey for my child.

Failure to abide by the Code of Conduct will result in a warning. Repeated breach of the code may result in suspension from team events or other disciplinary action.

I agree to abide by the principles of the FAIR PLAY CODE as set by Hockey Canada and supported by Aldergrove Minor Hockey. I also agree to abide by the rules, regulations and decisions as set for the association.

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

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_