



Dawson Creek Minor Hockey Association

P.O. Box 1032, Dawson Creek, BC V1G 4H9
www.dcmha.ca

Attention: Parents of players registering for hockey through DCMHA

Early registration must be completed by June 18th (see the attached Registration Package for full details). The full registration fee will be in effect for registrations after that date. The early registration date is being implemented again to allow the organization to more accurately predict the number of players in each division and to ensure that players are properly registered and covered by insurance prior to stepping onto the ice. **Any Midget aged players trying out for Junior, Major Midget, or Midget AAA teams must be registered with DCMHA prior to attending those tryouts.**

Financial assistance is available through DCMHA for players that would not otherwise be able to register through the Ryan Rowe and Daryl Becotte Funds. Call the DCMHA office for more information.

Capping of registrations will also be in effect this year. Once the cap in a division is reached, new registrations will be put on a waiting list until there are enough players to form another team. Please register early to ensure a spot in the division.

The DCMHA will once again have Atom Development and Pee Wee, Bantam, and Midget "Competitive" teams for the upcoming season. This includes B teams for the Pee Wee, Bantam and Midget divisions, subject to having sufficient numbers of players willing to participate in "Competitive" hockey. All players interested in "Competitive" hockey (both Rep and B) must try out at the "Competitive" Team Evaluation in their age division. **Players must be registered prior to September 1st in order to be eligible for "Competitive" hockey. Players registered after that date will play "Recreational" house hockey only. "Recreational" house hockey "may" be non-contact in all divisions this year depending on District Sanctioning.**

In exceptional cases, DCMHA may allow an underage player to try out for a Rep team. Anyone interested in this option must contact the VP Hockey Operations to make application. Underage players may not play on the B teams. To assist the Executive in determining if there will be B teams, parents/players are encouraged to complete and return their registration forms as soon as possible, indicating on the bottom of the registration form their intent to tryout for a "Competitive" team. Please note that the tryout fee must be paid prior to September 1st.

Should you require further information regarding registration or "competitive" hockey for the upcoming season, please contact:

Brant Leer, President 250-784-5019 (c)



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Enclosed is your registration package for the upcoming Hockey Season.

NOTE THE FEE STRUCTURE BELOW: LATE FEE WILL BE CHARGED IF REGISTERED AFTER JUNE 18TH

Complete and sign

- Registration Form
- Player Medical Information Form – **BOTH SIDES**
- Parent and Player Team First Contracts

Enclose payment as indicated

- Registration WILL NOT be accepted without payment (1/2 due on June 18th and 1/2 due in full on or before December 1st). A post-dated cheque MUST be included with registration package.
- There is no late registration fee for NEW PLAYERS ONLY (subject to division capping).
- If registering 3 or more players a 15% discount will apply (does not include "COMPETITIVE" TRYOUT FEE of \$40)
- Cheques or Money Orders payable to Dawson Creek Minor Hockey Association.
- NSF cheques will be subject to a \$25 charge
- Custodial parent is responsible for signing of all forms as well as financial responsibilities.
- Players will be placed in their appropriate age division. Any movement from division will be made at the discretion of coaches and director.
- Players must be registered with DCMHA and must have paid the Tryout Fee to be eligible for the "Competitive" Team Evaluations.
- Any Midget aged players trying out for Junior, Major Midget, or Midget AAA teams must be registered with DCMHA prior to attending those tryouts.

"COMPETITIVE" TEAM TRYOUT FEE - \$40 – MUST BE pre-registered. Please indicate on the bottom of the registration form if trying out for Rep Team and adjust you payment accordingly.

DIVISION	AGE	BIRTH YEAR	FEES by June 18	FEES after June 18
Pre Novice	5/6	2005/2006	\$305	\$400
Novice	7/8	2003/2004	\$410	\$500
Atom	9/10	2001/2002	\$460	\$550
Pee Wee	11/12	1999/2000	\$460	\$550
Bantam	13/14	1997/1998	\$460	\$550
Midget	15/16/17	1994/1995/1996	\$460	\$550

GIRLS DIVISION - Same fees apply Pee-Wee – Bantam – Midget

REGISTRATIONS RECEIVED AFTER SEPT 1ST ARE DEPENDENT ON SPACE AVAILABLE

Registration Packages may be mailed or dropped off at the Memorial Arena in the Minor Hockey Drop Box. Minor Hockey Office Hours are Wednesday and Thursday 10:00 – 3:00
Call the office 250-782-7233 and Marilynne will come down to let you in.



DAWSON CREEK MINOR HOCKEY REGISTRATION FORM

Player Name:			
Address:			
City:	Prov:	Postal Code:	
Date of Birth (YY/MM/DD):	Gender:	Language:	
Home Phone:	Work Phone:	Fax:	
Health Insurance #:			
Previous Team Information			
Division:	Team:		
Position:	Shoots:	Height:	Weight:
Parent/Guardian Information			
Name:		Relation:	
Address:			Home #:
Work #:	Cell #:	Fax #:	
E-mail:			

Emergency Contact	
Name:	Phone:
Address:	

DISCLAIMER

I, the undersigned certify the above information to be true and in consideration of the granting of this certificate to me with the privileges incident thereto, and by signing the certificate I have become subject to the rules, regulations, and decisions of Hockey Canada, it's Board of Directors, its Branches and /or divisions which may be restrictive in some areas such as movement from team to team, conduct etc. I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Branches, and/or divisions. The information requested above is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Branches and Associations however we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Branches and/or Associations is entirely at your discretion, should you choose to allow this type of usage please check the box here

Guardian's Name (print): _____ Member's Name (print): _____
 Guardian's Signature: _____ Member's Signature: _____
 Date: _____ Date: _____

-----OFFICIAL RECEIPT FOR REGISTRATION PURPOSES-----

Name:		Date:		Receipt #	
Fee	Amount	Type	Payment	Date	
Total		Total			



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 Previous history of concussions
- Yes No Fainting episodes during exercise
- Yes No Epileptic
- Yes No Wears glasses
- Yes No Are lenses 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 Medication
- Yes No Allergies



- 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: _____
- Yes No 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.



SAFETY AND RISK MANAGEMENT MANUAL

DAWSON CREEK MINOR HOCKEY ASSOCIATION

PARENT - CONTRACT

It is the intention of this CONTRACT to promote fair play and respect for all participants within the Dawson Creek Minor Hockey 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 Dawson Creek Minor Hockey Association.

I also agree to abide by the rules, regulations and decisions as set for the Dawson Creek Minor Hockey Association.

PRINT

NAME _____ DATE _____

SIGNATURES:

PARENT _____ PARENT _____



SAFETY AND RISK MANAGEMENT MANUAL

Appendix A

DAWSON CREEK MINOR HOCKEY ASSOCIATION

PLAYER CONTRACT

It is the intention of this contract to promote fair play and respect for all participants within the Dawson Creek Minor Hockey Association. All players must sign this contract stating that they will observe the principles of the before Fair Play Code 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 Dawson Creek Minor Hockey Association.

I also agree to abide by the rules, regulations and decisions as set by the Dawson Creek Minor Hockey Association.

PRINT
NAME _____ DATE _____

SIGNATURE:

PLAYER _____ TEAM NO. _____
