



# Dawson Creek Minor Hockey Association

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

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## Attention: Parents of players registering for hockey through DCMHA

**Early registration must be completed by June 18<sup>th</sup>, 2010** (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 2010/11 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 1<sup>st</sup> 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 1<sup>st</sup>, 2010.

Should you require further information regarding registration or “competitive” hockey for the 2010/11 season, please contact

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

Mike Readman, President  
250-219-1948 (c)



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Enclosed is your registration package for the 2010-2011 Hockey Season

**NOTE THE FEE STRUCTURE BELOW: LATE FEE WILL BE CHARGED IF REGISTERED AFTER JUNE 18<sup>TH</sup>**

## 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 18<sup>th</sup>, 2010, and 1/2 due in full on or before December 1<sup>st</sup>, 2010). 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	FEE	FEE
			By June 18	June 18
Pre Novice	5/6	2005/2004	\$305	\$400
Novice 7/8		2003/2002	\$410	\$500
Atom	9/10	2001/2000	\$460	\$550
PeeWee	11/12	1999/1998	\$460	\$550
Bantam	13/14	1997/1996	\$460	\$550
Midget 15/16/17		1995/1994/1993	\$460	\$550

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

## REGISTRATIONS RECEIVED AFTER SEPT 1<sup>ST</sup> 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 2010/2011 REGISTRATION FORM

<b>Players Information</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Date of Birth (YY/MM/DD):</b>		<b>Gender:</b>	
<b>Home Phone:</b>		<b>Health Insurance #:</b>	
<b>Doctor:</b>		<b>Phone:</b>	
<b>Division (circle one): Pre Novice - Novice - Atom - Pee wee - Bantam - Midget - Female</b>			
<b>Position:</b>	<b>Shoots:</b>	<b>Height:</b>	<b>Weight:</b>
<b>Previous Team:</b>			
<b>Parent/Guardian Information</b>			
<b>Name:</b>		<b>Relation:</b>	
<b>Address:</b>		<b>Home #:</b>	
<b>Work #:</b>	<b>Cell #:</b>	<b>Fax #:</b>	
<b>E-mail:</b>			
<b>Parent/Guardian Information</b>			
<b>Name:</b>		<b>Relation:</b>	
<b>Address:</b>		<b>Home #:</b>	
<b>Work #:</b>	<b>Cell #:</b>	<b>Fax #:</b>	
<b>E-mail:</b>			
<b>Emergency Contact</b>			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			

### 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, its 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	
<i>Total</i>		<i>Total</i>			



## PLAYER MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Business Telephone Numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

Person to contact in case of accident or emergency, if parents are not available.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please circle the appropriate response below pertaining to your child

- |     |    |  |
|-----|----|--|
| 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   |
| Yes | No | Has had an illness lasting more than a week in the past year |
| Yes | No | Medication   |
| Yes | No | Allergies  |



- |     |    |   |
|-----|----|---|
| Yes | No | Wears a medic alert bracelet or necklace.   |
| Yes | No | Does your child have any health problem that would interfere with participation on a hockey team? |
| Yes | No | Surgery in the last year.   |
| Yes | No | Has been in hospital in the last year.  |
| Yes | No | Has had injuries requiring medical attention in the past year.                                    |
| Yes | No | Presently injured.  |

Please give details below if you answered "Yes" to any of the above items.

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Use separate sheet if necessary

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

\* Any medical condition or injury problem should be checked by your physician before participating in a hockey program.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted, team management will take my child to hospital/M.D. 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: \_\_\_\_\_



## SAFETY AND RISK MANAGEMENT MANUAL

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### 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.

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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 \_\_\_\_\_

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## SAFETY AND RISK MANAGEMENT MANUAL

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### 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.

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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. \_\_\_\_\_

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