

## Nepean Minor Hockey Association 2023-2024 Registration Information Form

Player Name and Address in the Hockey Canada Registry:						Home	Home Phone:				
							Birth date (YYYY-MM-DD):				
Hockey Canada Registry ID -					Gende	Gender:					
Email Address:											
Player Position:			Last Team or Association Program: Level: Team:				Rowan's Law requires that all participants or guardians review the appropriate Concussion Awareness Resources and				
Shoots (L/R):							0	eview in writing.	• .		
Birth Cert. Rec'd						their gua course.	U7, U9, and U11 Players may not register until at least one of their guardians has passed the Respect in Sport for Parents course. Check www.nepeanhockey.on.ca for more information.				
Waiver signed:						Check y	ww.nepear	<u>inockey.on.ca</u> 10	r mor	e mormation.	
Primary Contact:	/										
Relationship:					Phone	e/email:	email:				
Emergency											
Relationship:	Phone/em					e/email:					
Your signature below indicates that you are aware of the NMHA Code of Conduct and the NMHA Privacy Policy. Copies of both these documents are available from the Hockey Office (613-825-1590) or online at <u>www.nepeanhockey.on.ca</u> . The Hockey Office address is noted below.											
Volunteers are an essential part of our operations. Please indicate below, if you wish to assist in coaching, managing or administering the NMHA.											
Volunteers are an essen	````	operation		e indicate below, i	_	to assist in o	coaching, m		inisteri	ng the NMHA.	
Volunteers are an esser Coach	````	-		e indicate below, i Trainer	if you wish		coaching, m Administr	anaging or adm	inisteri	ng the NMHA. Other	
	ntial part of our	-			if you wish		-	anaging or adm	inisteri	-	
Coach	ntial part of our	-			if you wish		-	anaging or adm	inisteri	-	
Coach Guardian Name:	ntial part of our	-		Trainer	if you wish	1	-	anaging or adm	inisteri	-	
Coach Guardian Name: Signature:	ntial part of our	-		Trainer	if you wish	1	-	anaging or adm	inisteri 	-	
Coach Guardian Name: Signature: Player Number:	ntial part of our	-		Trainer	if you wish Receipt D	1	-	anaging or adm		-	
CoachGuardian Name:Signature:Player Number:Received by:	ust be accompand naddition, certa naddition, certa nowledgement pressed, this for by schedules, coperson, by mail, acey Association res that all par g. U7, U9, and www.nepeanhore	ger nied by p in docur of receip m will bo sts, and o online (n , 100 Ma ticipants U11 ma ockey.on	paymen mentation of the e market other add returnin alvern 1 s or gua ay not ron.ca for	Trainer Payment Meth t (credit card, det on is required bef NMHA Code of ed "X" for that ele ministrative mat g players only), o Drive, Nepean, ( ardians review t egister until at le more informati	Receipt D bit card or fore a play Conduct. ement and ters is ava or by drop Ontario, H he approp east one o ion.	A bate: Cr/Db cash) and t er can be re If the player no further ilable in the ping off thi <b>X2J 2G5</b> , (for priate Cono f their gua	Cash he shaded egistered. T er is <b>re-reg</b> documenta e Hockey C s form and <b>613-825-1</b> <b>cussion Av</b> <b>rdians has</b>	Activity Fee boxes for guard 'his includes pro istering and thi tition will be req Office or online. all necessary d 590 / office@n vareness Resou s passed the Re	e: bian nan bof of a s docu uired f ocume tepean trces a spect i	Other Description me and signature age, a signed mentation has for registration. ents to: hockey.on.ca) and acknowledge in Sport for	
Coach Guardian Name: Signature: Player Number: Received by: Activity: Registration forms mm must be completed. In waiver form, and ack already been duly pro Information on hocke You may register in p Nepean Minor Hock Rowan's Law requir this review in writin Parents course. See Register online with	ust be accompand naddition, certa naddition, certa nowledgement pressed, this for by schedules, coperson, by mail, acey Association res that all par g. U7, U9, and www.nepeanhore	ger nied by p in docur of receip m will bo sts, and o online (n , 100 Ma ticipants U11 ma ockey.on	paymen mentation of the e market other add returnin alvern 1 s or gua ay not ron.ca for	Trainer Payment Meth t (credit card, det on is required bef NMHA Code of ed "X" for that ele ministrative mat g players only), o Drive, Nepean, ( ardians review t egister until at le more informati	Receipt D bit card or fore a play Conduct. ement and ters is ava or by drop Ontario, H he approp east one o ion.	A bate: Cr/Db cash) and t er can be re If the player no further ilable in the ping off thi <b>X2J 2G5</b> , (for priate Cono f their gua	Administr Cash he shaded egistered. 1 rr is <b>re-reg</b> documenta e Hockey (C s form and <b>613-825-1</b> <b>cussion Av</b> <b>rdians has</b> on that yo	Activity Fee boxes for guard 'his includes pro istering and thi tition will be req Office or online. all necessary d 590 / office@n vareness Resou s passed the Re	e: bian nan bof of a s docu uired f ocume tepean trces a spect i	Other Description me and signature age, a signed mentation has for registration. ents to: hockey.on.ca) and acknowledge in Sport for	
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## Nepean Minor Hockey Association Waiver

1. I, the undersigned, certify the information on the registration form to be true and consent to the player (named below) participating in the hockey program of the NEPEAN MINOR HOCKEY ASSOCIATION - (hereafter referred to as NMHA). I further agree to abide by and be subject to the constitution, by-laws, regulations, rules, and decisions of the NMHA, the OTTAWA DISTRICT HOCKEY ASSOCIATION, the OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION, and HOCKEY CANADA. I am aware that copies of these rules and regulations are available from the NMHA upon request.

2. I, the undersigned, understand that hockey is a vigorous and physically demanding game in which injuries may occur. I hereby apply for registration of the below named player in the programs of the NMHA, agreeing to accept the reasonable risk inherent in the game of hockey including the risk of serious personal injury. The undersigned, for himself, herself, themselves, their next of kin, executors, administrators assigns, hereby irrevocably releases the NMHA, its officers, directors, coaches, assistant coaches, trainers, managers, referees, officials, servants agents, and employees from all manner of claims or causes by actions in any way related to personal injury or property damage sustained by the registered player and/or the undersigned in the course of participating in, viewing, or traveling to or from any of the games or programs sanctioned by the NMHA.

## 3. I, the undersigned, agree to abide by the following conditions of membership as set out by the NMHA:

- a. The NMHA reserves the right to refuse any person admission into the NMHA.
- b. The NMHA adheres to the age classification system approved by Hockey Canada. The formations of the NMHA teams are based on this classification together with the player selection system.
- c. New registrants must provide the NMHA with a true copy of their birth certificate at the time of registration.
- d. Players will, at all times, on and off the ice, conduct themselves in a sportsmanlike manner, according to the NMHA Code of Conduct. Infractions of the rules may result in the imposition of severe penalties, including suspension from further play.
- e. All sweaters and goalie equipment issued by the NMHA are the property of the NMHA unless purchased from the NMHA by the player.
- f. All players in the NMHA must wear a CSA approved type helmet, which fastens under the chin, together with a CSA approved facemask. They must wear protective devices such as athletic supports with cups, shin guards, hockey gloves, neck/throat protectors, shoulder pads, elbow pads, kidney protectors, hockey pants, etc. In addition, goaltenders must wear an approved type of facemask, as well as an approved head and throat protector. Insurance is void if a player's helmet is removed while he/she is on the ice or on the bench.
- g. The responsibility for the transportation of players to and from the games or practices rests with the parents, under the direction of the team coach or manager.

I certify that I have read, understood, and declare my agreement with the foregoing declaration.

Signature

(Parent/guardian or player if over 18 years of age)

\_\_\_\_\_

Player's name:	
•	

Player is a goalie

Date:

\_ Player has never played organized hockey

2009-05-13