



Kanata Minor Hockey Association



2021/22 Season Registration Form

PLEASE COMPLETE ONE FORM

FOR EACH NEW PLAYER YOU WISH TO REGISTER

Registration Type:

New

Transfer

KMHA Office Use Only:

Proof of Age

Proof of Residence

Player Information:

First Name:	Last Name:	Date of Birth month/day/year
Address:		
City/Town:	Province:	Postal Code:
Home Telephone:	Parent Email:	
Has your player ever played in a hockey league before? Y <input type="checkbox"/> N <input type="checkbox"/> If yes which League? _____		
Position in former league:		
Part time goalie: <input type="checkbox"/> Forward: <input type="checkbox"/> Defense: <input type="checkbox"/> Goaltender (full time): <input type="checkbox"/> N/A: <input type="checkbox"/>		

Divisions:

- * U7 [formerly IP] (2015, 2016, 2017)
- * U11 [formerly Atom] (2011, 2012)
- * U15 [formerly Bantam] (2007, 2008)

- * U9 [formerly Novice] (2013, 2014)
- * U13 [formerly PeeWee] (2009, 2010)
- * U18 [formerly Midget] (2004, 2005, 2006)

Mother's Information

First Name:	Last Name:	
Address: (if different from player)		
City/Town:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email:

Father's Information

First Name:	Last Name:	
Address: (if different from player)		
City/Town:	Province:	Postal Code:
Home Phone:	Cell Phone:	Email:

Note part time goalie registers as player & indicates part time goalie below

(PT goalie applies to U9, U11 and U13 house divisions only)

Note- Goalie Discount applies to Full Time (FT) Goalies only

Division	Birth Years	Registration Amount
<input type="checkbox"/> U7 Player	Born in 2017-2015	\$595.00
<input type="checkbox"/> U9-U15 Player	Born in 2014-2007	\$715.00
<input type="checkbox"/> U9-U15 FT Goalie Only	Born in 2014-2007	\$615.00
<input type="checkbox"/> U18 Player	Born in 2006-2004	\$700.00
<input type="checkbox"/> U18 FT Goalie Only	Born in 2006-2004	\$600.00
<input type="checkbox"/> <i>Optional Donation</i>	Assist a child who cannot afford hockey	\$5.00
<input type="checkbox"/> Multi child discount	\$60 off the 3rd child in a family; \$90 off the 4th & subsequent children	
<input type="checkbox"/> Willing to be Part Time Goalie		N/A
Sub-total		

* Method of payment is Credit card = Mastercard, Mastercard Debit, Visa, Visa debit

Please submit a separate signed credit card form.

For information on our current refund policy, please [click here](#).

One **parent** of all **new players** must complete the online version of Respect in Sport for parents **by October 1st**.

If it is not completed by October 1st, the player will not be able to go on the ice.

Within the KMHA it is a privilege, not a right, to play hockey! As such, the KMHA executive committee has a desire to recommit our Membership to honor the values of fun, respect and positive development in the game of hockey for our children. Please note that if the season second session is modified to allow for game play and tournaments, you will be required to pay team fees on top of registration, This will be decided by the team staff. House league from \$0-\$350.00 Rep team from \$0-\$3,000. These fees must be paid in the payment schedule outlined by the coach at the start of the session.



Kanata 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 KANATA MINOR HOCKEY ASSOCIATION - (hereafter referred to as KMHA). I further agree to abide by and be subject to the, by-laws, regulations, rules, and decisions of the KMHA, Hockey Eastern Ontario, the Hockey Eastern Ontario Minor, and HOCKEY CANADA. I am aware that copies of these rules and regulations are available from the KMHA 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 KMHA, 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 KMHA, 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 KMHA.

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

a. The KMHA reserves the right to refuse any person admission into the KMHA.

b. The KMHA adheres to the age classification system approved by Hockey Canada. The formations of the KMHA teams are based on this classification together with the player selection system.

c. New registrants must provide the KMHA with a true copy of their birth certificate at the time of registration.

d. Players, parents and volunteers will, at all times, on and off the ice, conduct themselves in a sportsmanlike manner, according to the KMHA Code of Conduct. Infractions of the rules may result in the imposition of severe penalties, including suspension from further play/attendance at KMHA events.

e. All sweaters and goalie equipment issued by the KMHA are the property of the KMHA unless purchased from the KMHA by the player.

f. All players in the KMHA must wear a CSA approved type helmet, which fastens under the chin, together with a CSA approved face mask. 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 face mask, 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.

h. Above and beyond registration fees. Team fees (house teams 0-\$350) (rep teams 0-amount set by coach) are to be paid in full by the fee schedule given at the start of the season by the team coach/and or manager. Failure to pay the team fees in full at the schedule time may result in any on ice or off ice team event be suspended until payment is made in full.

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)

Date

Player's Name (Please print)

KMHA – Player Registration Form

Updated: July 2021



Kanata Minor Hockey Association (KMHA) PARENT'S PLEDGE

It is the intention of this pledge to promote proper behavior and respect for all participants within the KMHA.

All parents must sign this pledge before being allowed to participate in hockey and must continue to observe the principles of Fair Play. Failure to observe the Code of Conduct may result in KMHA disciplinary action.

CODE OF CONDUCT FOR PARENTS

1. I will not force my child to participate in hockey.
2. I will remember that my child plays hockey for his or her enjoyment, not mine.
3. I will encourage my child to play by the rules and to resolve conflict without resorting to hostility or violence.
4. 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.
5. I will make my child feel like a winner every time by offering praise for competing fairly and hard.
6. I will never ridicule or yell at my child for making a mistake or losing a game.
7. I will remember that children learn by example. I will applaud good plays and performances by both my child's team and their opponents.
8. I will never question the official's judgment or honesty in public. I recognize officials are being developed in the same manner as players.
9. I will support all efforts to remove verbal and physical abuse from children's hockey games.
10. I will respect and show appreciation for the volunteers who give their time to hockey for my child.

PARENT'S CODE OF CONDUCT

- I agree to abide by the rules, regulations and decisions as set by KMHA.
- I agree to abide by the principles of this CODE as set and supported by KMHA.

I certify that I have read, understood, and declare my agreement with the foregoing Code of Conduct.

Signature (Parent/Guardian)

Date

Player's Name (Please print)



Kanata Minor Hockey Association (KMHA) PLAYER'S PLEDGE

It is the intention of this pledge to promote proper behaviour and respect for all participants within the KMHA.

All players must sign this pledge before being allowed to participate in hockey and must continue to observe the principles of Fair Play. Failure to observe the Code of Conduct may result in KMHA disciplinary action.

CODE OF CONDUCT FOR PLAYERS

1. I will play hockey because I want to, not because others or coaches want me to.
2. I will play by the rules of hockey and in the spirit of the Game.
3. I will control my temper - fighting or "mouthing-off" can spoil the activity of everyone.
4. I will respect my opponents.
5. I will do my best to be a true team player.
6. I will remember that winning isn't everything - that having fun, improving skills, making friends and doing my best are also important.
7. I will acknowledge all good plays and performances - those of my team and my opponents.
8. 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 this code as set and supported by this KMHA.
I also agree to abide by the rules, regulations and decisions as set for this KMHA.

Player's Name (Please print)

Signature (Player)

Date



Kanata Minor Hockey Association (KMHA) SOCIAL MEDIA CONSENT

Mandatory to check off one of the following that you wish applied to your player:

I give consent to my child being photographed, videotaped, or interviewed and their name and image used in KMHA or District publications including website, Social Media platforms (Facebook, Twitter, Instagram), and media coverage.

I give consent to my child being photographed, videotaped, or interviewed but
 I do not give consent for my child's photo/image/video image being used on KMHA Social Media, website or media coverage.

I do not give consent to my child being photographed, videotaped or interviewed at all.

Signature (Parent/Guardian)

Date

Player's Name (Please print)



Kanata Minor Hockey Association (KMHA) TEAM SNAP CONSENT

(please select one of the consent options)

What is Team Snap – Team Snap is a club management software app that was introduced in 2009 as a team organizing tool for the sports industry. Team Snap uses data in accordance with applicable data protection and privacy laws. To read more on team snaps privacy policy, please visit: <https://www.teamsnap.com/privacy-policy>

Kanata Minor Hockey Association (KMHA) uses Team Snap at the association level for communication purposes. Team Snap is used in conjunction with the KMHA email system. It is used to send out communication correspondence, including information on special community outreach events, promotional materials, newsletters and more.

KMHA Convenors also use Team Snap at the respective divisional levels to communicate with members. Divisional Convenors only have access to the Team Snap information pertaining to their respective divisions. For example, the U13 (Peewee) Convenor will only have access to the data of the U13 membership.

Please know that email address will not be shared or disclosed at any time and will only be used for KMHA Team Snap communication purposes only.

- I consent** to having my email address added to the Team Snap platform to receive these various forms of communication.
- I do not consent** to having my email address added to the Team Snap platform.

Signature (Parent/Guardian)

Date

Player's Name (Please print)

Rowan's Law

Legislative requirements under the implementation of Rowan's Law by the Government of Ontario.

In accordance with Rowan's Law HEO Participants/Coaches/Bench Staff/Volunteers are required to submit a signed Acknowledgement Form confirming that they have reviewed the HEO Code of Conduct and the Concussion Awareness Resources at this website www.Ontario.ca/concussions **BEFORE** that participant can register/participate in the 2021/22 hockey season.

KMHA REQUIREMENTS

1. Please review the Concussion Awareness Resources found below that are appropriate to your age group.
 - [Ages 10 and Under](#)
 - [Ages 11-14](#)
 - [Ages 15 and Up](#)

WHAT IS ROWAN'S LAW

In May 2013, 17-year-old Rowan Stringer died as a result of a head injury she sustained while playing rugby with her high school team. In the week prior to her final game, Rowan had been hit twice, and likely sustained a concussion each time. These concussions were not recognized, and she continued to play. When she was hit again in her last game, she suffered what is known as Second Impact Syndrome – catastrophic swelling of the brain caused by a second injury that occurs before a previous injury has healed. Rowan collapsed on the field and died four days later in hospital.

A coroner's inquest was convened in 2015 to look into the circumstances of Rowan's death. The coroner's jury made 49 recommendations for how the federal government, as well as Ontario's government ministries, school boards and sports organizations, should improve the manner in which concussions are managed in this province.

KMHA is committed to creating awareness about concussion and enforcing the rules as set out by the legislation, so please note that coaches/participants/coaches/bench staff/volunteers will NOT be allowed on the ice during tryout/sort out/practice/game until a signed acknowledgement form is received by the organization

Rowan's Law Acknowledgement Form

The Ontario Government has enacted Rowan's Law (Concussion Safety), 2018, S.O. 2018, c. 1 ("Act"). Ontario Regulation 161/19, the Act requires all sport organizations as defined in the Regulation ("Sports Organization"), which includes Hockey Eastern Ontario ("HEO"), to have a Concussion Code of Conduct. This Concussion Code of Conduct must require participants, as set out in the Act, to review the Ontario Government's issued Concussion Awareness Resources on an annual basis. A participant is subject to a Concussion Code of Conduct for each Sports Organization a participant registers with. The HEO Code of Conduct is located at <http://www.hockeyeasternontario.ca/pages/admin/policies.htm> and the applicable age appropriate Concussion Awareness Resources are located at www.ontario.ca/concussions.

The HEO Concussion Code of Conduct and the appropriate Concussion Awareness Resources must be reviewed before you can register/participate in HEO.

- 10 and Under Concussion Awareness Resource
- 11-14 Concussion Awareness Resource
- 15 and Over Concussion Awareness Resource

If you would like to have a record of your review of the concussion awareness resources, you can complete this form and keep it as a receipt to remind you of the date on which you reviewed it.

Acknowledgement of Review

I, _____ (player first name) _____ (player last name) _____ (player birth date yyyy/mm/dd of athlete, Team Official or On-Ice Officials name) confirm that I have reviewed the HEO Concussion Code of Conduct (Appendix A) and the appropriate Concussion Awareness Resources and commit to operating within the parameters of the HEO Concussion Code of Conduct under the role which I have registered with the HEO.

Signature

Date

If the participant above is under the age of the 18, then the parent of that participant must sign the Acknowledgement set out below.

I, _____ (print name of parent if above signatory is under 18) confirm that I have reviewed the HEO Concussion Code of Conduct and the appropriate Concussion Awareness Resources and commit that the signatory above and I will operate within the parameters of the HEO Concussion Code of Conduct under the role which I have registered with the HEO.

Signature

Date

Disclaimer: In order to register/participate within HEO this signed form must be submitted to the Minor Hockey Association that you are registering with.

813 Sheppard Rd. Unit 201 Ottawa, Ontario K1H 6K9
(613) 224-7686 www.hockeyeasternontario.ca

I will help prevent concussions by my commitment to:

- *Wearing the proper equipment for my sport and wearing it correctly;*
- *Respecting the rules of my sport or activity; and*
- *My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).*

I will care for my and others health and safety by taking concussions seriously, and I understand that:

- *A concussion is a brain injury that can have both short- and long-term effects;*
- *A blow to the head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion; and*
- *A person doesn't need to lose consciousness to have had a concussion.*

I will commit to:

- *report any possible concussion received during participation in HEO to a designated person;*
- *recognizing a concussion or possible concussion and the reporting to a designated person when an individual suspect that another individual may have sustained a concussion;*
- *sharing any pertinent information regarding incidents of a removal from sport with the Player's school and other sport organization with which the player has registered;*
- *sharing any pertinent information regarding incidents of a concussion that have occurred outside of participation in HEO to a designated person with your/individual's Team;*
- *Complete Injury Report Forms in a timely manner and ensure they are submitted to the Member;*
- *Give commitment to providing opportunities before and after each training, practice and competition to enable participants to discuss potential issues related to concussions; and*
- *Maintain an open dialogue with all athletes and participants (and parents/guardians in cases of minors) about their health and any signs and symptoms of concussion they may experience.*

I will commit to respect the HEO Removal and Return to Play Protocol by:

- *Understanding that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition;*
- *Understanding I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition;*
- *Respect the roles and responsibilities of all coaches and health care professionals in Return to Play protocol; and*
- *Respond appropriately with Return to Play protocols if a participant is experiencing concussion related symptoms or if you suspect any participant has sustained a concussion.*