



Covid-19 Requirements

- Maximum of 50 kids in each division.
- One parent permitted per each players time slot (this includes the lobby).
- No body contact is permitted (NO CHECKING).
- Currently no tournaments are permitted.
- No siblings are permitted at the rink.
- When players leave the ice surface, they go directly to the change room assigned.
- Ice time will start on the hour and run for 45 minutes. This will give the players time to get their skates and helmet off, put on their face mask and exit the building (subject to change +5 min)
- Players must come to the rink dressed in their hockey gear, wearing a face mask, enter the arena and go directly to their change room. Players can use dressing room to put on their skates and helmet and then face masks can then be removed. **Goalies will be permitted to dress at the rink.**
- No other age groups are permitted outside the dressing room until it is time to go on the ice.
- No physical contact or horse play will be permitted in the dressing rooms.
- No parent will be permitted near the bench unless you are a registered volunteer of SLMHA (Coach, Assistant Coach or Trainer)
- Once players skates are tied and helmets are on, parents are expected to leave the dressing rooms.
- Hockey sticks will be placed outside the dressing room doors before and after players go on the ice.
- Players MUST be accompanied by an adult at all times while in the dressing room (coach, volunteer staff, dressing room key taker etc...)
- If a player is showing flu like symptoms, has a fever, cough or cold, he/she will not be permitted to come to the arena. This also means parents or guardians. If a family member is sick please keep your child home.
- Parents in attendance must maintain social distancing.
- Volunteers in the time clock must maintain a safe distance and wear face masks.
- Volunteer coaches, referees and on ice helpers are permitted to remove face mask while on the ice surface. The mask must be worn once they leave the ice surface.
- Trainers on the bench are required to wear facemask at all times.
- Players must have their own water bottles to keep hydrated. No sharing of water bottles is permitted.

- Players will be assigned a jersey once teams are selected. They are only to be worn during games, NOT to practices. It will be the responsibility of the parent/player to ensure that the jersey is respected and cleaned on a regular basis. If a player arrives at the rink without their jersey they will not be permitted to play. If the jersey is lost there will be a \$125 replacement cost.
- Players wanting to try out the goalie position are still permitted to use SLMHA goalie equipment however it will be the parent/players responsibility to thoroughly clean/sanitize any and all of that equipment being used before and after uses.
- Other rules maybe added to help further protect the players.

SIOUX LOOKOUT MINOR HOCKEY ASSOCIATION

Registration Form 2020 – 2021 SEASON

No registration accepted after October 15, 2020

SECTION 1: PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT

Name: _____

Main phone: _____ Other phone: _____

Address: _____

City: _____ Postal code: _____

Email: _____

SECONDARY CONTACT

Name: _____

Main phone: _____ Other phone: _____

Check if same address as primary contact: ☐

Address: _____

City: _____ Postal code: _____

Email: _____

SECTION 2: PLAYER REGISTRATION

A copy of first year player's birth certificate must be provided to SLMHA with registration.

Player Name:	Date of Birth MM/DD/YYYY	Gender (male, female, neutral)	1st year playing?
1 _____	_____	M / F / N	<input type="checkbox"/>
2 _____	_____	M / F / N	<input type="checkbox"/>
3 _____	_____	M / F / N	<input type="checkbox"/>
4 _____	_____	M / F / N	<input type="checkbox"/>

Please checkmark the division that each player will participate in:

PLAYER	Under 7 2014/Under	Under 9 2012-2013	Under 11 2010-2011	Under 13 2008-2009	Under 15 2006-2007	Under 18 2003-2005
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: PARENT VOLUNTEERING

Division Volunteer Commitment

- The required volunteer commitment is approximately 5 hours per player registered.
- Each parent/guardian will have to fundraise during the season. This will be discussed with parents once the season gets under way.
- Parents are required to work the time clock during all league games *except IP*.
- Your Division Convenor will schedule and track your volunteer hours.
- Parents are responsible to ensure all assigned shifts are covered. If you cannot fulfill the shift, it is your responsibility to arrange to have another parent cover.
- To be credited time, parents are to sign the game sheet when working the time clock to help track hours.
- Failure to pay the blow cost if you miss volunteer time will result in your child being remove from hockey until the fee is paid.

If you miss the scheduled volunteer shifts you will be charged.

- ☐ \$150 if you miss you league volunteer time.

Home Tournament Volunteer Commitment (If tournaments are permitted)

- The required tournament commitment is approximately 2 to 4 hours per player registered.
- All parents are required to volunteer so the tournament is successful.
- Each League Convenor will have a parent meeting to explain what is required prior to the Home Tournament. Volunteer roles may include: Front Door Table, Raffle Table, Time Clock.
- League convenors will create a schedule and parents will sign up for their required hours.
- To be credited time after finishing your shift you must sign in on the tournament sheet.
- Shifts are to be covered by a responsible adult (a child 14 years of age or up may work with an adult).

If you miss the scheduled volunteer Tournament shifts you will be charged.

- ☐ \$150 if you miss tournament volunteer time.

Volunteer Commitment Acknowledgement:

By signing below, I understand and agree to fulfill my volunteer commitments to SLMHA.

Parent Name: _____ Parent Signature: _____

SECTION 4: FINANCIAL INFORMATION

Please note that Season Fees for 2020/2021 does **NOT include** the division home tournament OR any away tournaments. If tournaments are permitted Extra payments will be required.

\$25 late fee per child if registration is received after September 15, 2020.

Payment Options:

Pay in Full: Provide payment for the full registration amount with registration.

Payment Plan: Provide payment for fees as stated in chart with 2nd payment due November 1, 2020.

All 2nd instalments are the responsibility of the parent/guardian. E-transfer must be received by Nov 1, 2020 or the player will not be permitted on ice.

Volunteer Options: See Section 3, Parent Volunteering (above).

In the table below please indicate which league(s) you are registering player(s) in, and the payment and volunteer options you have chosen:

League	Season Fee	Extra tournament	Payment Option CHOOSE 1		2 nd Payment	Late Registration After Sept 15 th	Volunteer Option CHOOSE 1		TOTAL
			Pay in Full	Initial Payment /Xtra Tournament			Work hours	Buy Out	
IP	\$375	<input type="checkbox"/>	<input type="checkbox"/>	\$240	\$135	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
Novice	\$500	<input type="checkbox"/>	<input type="checkbox"/>	\$325	\$175	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
Atom	\$500	<input type="checkbox"/>	<input type="checkbox"/>	\$325	\$175	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
Peewee	\$500	<input type="checkbox"/>	<input type="checkbox"/>	\$325	\$175	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
Bantam	\$500	<input type="checkbox"/>	<input type="checkbox"/>	\$325	\$175	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
Midget	\$500	<input type="checkbox"/>	<input type="checkbox"/>	\$325	\$175	\$25	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL AMOUNT DUE FOR ALL PLAYERS:									

Above Season fees include a \$50 team jersey rental.

Cheques / Money Orders are to be made payable to: Sioux Lookout Minor Hockey Association.

E-Transfers can be sent to slmhatreasurer@gmail.com . Use the password SLMHA2020 when sending your transfer. Identify the name(s) of children being paid for in the comment section using child first name DOB yyyymmdd. A printed copy of the e-transfer must be included with registration.

SECTION 5: MEDICAL INFORMATION (Complete 1 per player; extras at the end of this package)

Player name: _____	Date of birth: _____
Address: _____	Postal code: _____
Home phone: _____	Health card: _____
Primary guardian: _____	Phone #: _____
Secondary guardian: _____	Phone #: _____
Emergency contact: _____	Emerg phone #: _____
Family Doctor: _____	Doctor's phone #: _____
Family Dentist: _____	Dentist's phone #: _____

Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please check the appropriate response, and provide details below if you answer 'Yes' to any questions.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>	Wears Medic-Alert
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has health problems that may interfere with participation in hockey
<input type="checkbox"/>	<input type="checkbox"/>	History of concussions	<input type="checkbox"/>	<input type="checkbox"/>	Had illness for more than 1 week in the last year, req'd medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Had an injury requiring medical treatment in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Seizures and/or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Admitted to hospital in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/>	<input type="checkbox"/>	If glasses, are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>	Presently injured?
<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses			Body part:
<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations up to date?
<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus vaccination?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma			Date:
<input type="checkbox"/>	<input type="checkbox"/>	Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B vaccination?
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Date:
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes – Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>			

Details: _____

I understand that it is my responsibility to keep the team Safety Person (Trainer) 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.

☐ I agree to the conditions above.

Player Signature (if 16+): _____	Date: _____
Parent / guardian signature: _____	Date: _____

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.



SLMHA Parents Code of Conduct

It is the intention of this pledge to promote fair play and respect for all participants within SLMHA throughout the hockey season. A parent or guardian of each player **MUST** sign this pledge before their player will be allowed to participate in any SLMHA hockey activities.

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 their 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 build character and learn to win and lose honourably.
5. I will make my child feel valued every time by offering praise for competing fairly and working hard towards improving their skills and team play.
6. I will never ridicule or yell at a child for making a mistake or losing a game.
7. I will remember that children learn by example. I will acknowledge good plays and performances by both my child's team and their opponents.
8. I will not question the official's judgment in public. I recognize officials are developing in the same manner as players.
9. I will support all efforts to remove verbal and physical abuse from children's hockey, on and off the ice.
10. I will respect and show appreciation for the volunteers who give their time to hockey for my child.
11. I will not participate in or initiate any bullying, intimidating, harassing or abusive behaviour in any form or mediums. These forms includes but are not limited to verbal, physical, written or by way of isolation either in person or by way public posting including electronic application (ie: email/Face Book/Twitter).

I agree to abide by the principles of the CODE of CONDUCT as set by Hockey Canada and supported by the SLMHA. I also agree to abide by the rules, regulations and decisions as set by the SLMHA. Failure to abide by this Code of Conduct may result in disciplinary action, suspension or release from Association membership.

Player's name: _____

Player's signature: _____

Date: _____

Guardian's name and Signature: _____

SECTION 6: RESPECT IN SPORT PARENT PROGRAM

The **Respect in Sport Parent Program** is a unique, in-depth 1 hour online program that presents information on:

- Parental influence over a child
- Coach and leader roles in sport
- Role of the parent and coach in ensuring a child's enjoyment of a sport
- Protecting your child when outside of your immediate control
- Concussion awareness & Return to Play guidelines
- Long-Term Player Development (LTPD) model

The program is educational and shares tools with parents so that the game of hockey is enjoyable and respectful for players, parents, coaches and officials. The cost to parents is \$12.00+ HST.

SLMHA **requires** that a minimum of 1 parent/guardian from each family with players at the IP, Novice or Atom level take the program. Further, one parent/guardian of first year players registering in Pee wee, Bantam, or Midget must complete the program.

Players will not be allowed on the ice until the Respect In Sport Parent Program requirements are fulfilled as noted above.

To Access The Site:

#1 Visit <http://www.pointstreaksites.com/view/northwesternontario/>

#2 Click: Parent Tab

#3 Click: "Respect in Sport Parents Program" and follow the prompts to register

Please note that the Respect in Sport Parent Program differs from the Respect in Sport Leader/Coach Program. Therefore, parents that have taken the Leader/Coach Program must still take the Parent Program.

SECTION 7 : TERMS & CONDITIONS

I hereby declare the information I have entered to be true to the best of my knowledge. ☐

I **DO** give permission for photographs, video, or interviews of my child to be published on the SLMHA website or used to promote the activities of SLMHA. ☐

OR

I **DO NOT** give permission for photographs, video, or interviews of my child to be published on the SLMHA website or used to promote the activities of SLMHA. ☐

I understand that SLMHA will not be held responsible for any losses, damages, and/or injuries. All players must wear CSA approved equipment when on the ice. ☐

I understand that SLMHA collects information for registration and insurances purposes, and shares this information on team lists and to team managers, coaches, and trainers. This information will be used only for the purposes of SLMHA activities. (If you have any concerns or wish your child's information to be excluded from such team lists please contact the Registrar.) ☐

SECTION 7 : TERMS & CONDITIONS cont.

I understand that members and participants of SLMHA will conduct themselves at all times in a fair, sportsmanlike, and respectful manner. Members and participants will not make comments / behaviors that are disrespectful, offensive, abusive, racist, or sexist. Failure to comply may result in disciplinary action against a parent or player, including loss of the right to participate in activities in the current or future season.

☐

I have completed, recently or in previous years, the Respect in Sport Parent Program.

☐

OR

I intend to complete the Parent Respect in Sport 1 hour Program before the season starts

☐☐

I AGREE TO ALL TERMS AND CONDITIONS ABOVE.

Player Signature (if 16+): _____

Date: _____

Parent / guardian signature: _____

Date: _____



The Ontario Government has adopted the Statute “Rowan’s Law” which requires all sports, including Hockey Northwestern Ontario, to have a Concussion Code of Conduct that includes the review of Government issued Concussion Awareness Resources on an annual basis for each Player, Team Official and On-Ice Official it registers. The Hockey Northwestern Ontario Concussion Code of Conduct, at www.hockeyhno.com/rowanslaw and the applicable age appropriate Concussion Awareness Resources at www.ontario.ca/concussions must be reviewed before you can register/participate in HNO. If you would like to have a record of your review of the concussion awareness resource, 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, _____ (print athlete, Team Official or On-Ice Officials name) confirm that I have reviewed the HNO Concussion Code of Conduct and the appropriate Concussion Awareness Resource(s) and commit to operating within the parameters of the HNO Concussion Code of Conduct under the role which I have registered with HNO.

Signature Date

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

Signature Date

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

SECTION 5: EXTRA MEDICAL FORM

Player name: _____	Date of birth: _____
Address: _____	Postal code: _____
Home phone: _____	Health card: _____
Primary guardian: _____	Phone #: _____
Secondary guardian: _____	Phone #: _____
Emergency contact: _____	Emerg phone #: _____
Family Doctor: _____	Doctor's phone #: _____
Family Dentist: _____	Dentist's phone #: _____

Before a player participates in a hockey program, any medical condition or injury problem should be checked by that individual's family physician.

Please check the appropriate response, and provide details below if you answer 'Yes' to any questions.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>	Wears Medic-Alert
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has health problems that may interfere with participation in hockey
<input type="checkbox"/>	<input type="checkbox"/>	History of concussions	<input type="checkbox"/>	<input type="checkbox"/>	Had illness for more than 1 week in the last year, req'd medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Had an injury requiring medical treatment in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Seizures and/or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Admitted to hospital in the last year
<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/>	<input type="checkbox"/>	If glasses, are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>	Presently injured?
<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses			Body part:
<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations up to date?
<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus vaccination?
<input type="checkbox"/>	<input type="checkbox"/>	Asthma			Date:
<input type="checkbox"/>	<input type="checkbox"/>	Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B vaccination?
<input type="checkbox"/>	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Date:
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes – Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>			

Details: _____

I understand that it is my responsibility to keep the team Safety Person (Trainer) 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.

☐ I agree to the conditions above.

Player Signature (if 16+): _____ Date: _____

Parent / guardian signature: _____ Date: _____

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SIOUX LOOKOUT MINOR HOCKEY ASSOCIATION

Parent Information – Keep This Page

FINANCIAL REMINDERS

If you chose the payment plan, 2nd instalment must be paid by November 1, 2020 or your player(s) will not be permitted on the ice.

If you are paying your 2nd instalment by E-Transfer, send it to slmhatreasurer@gmail.com and use the password SLMHA2020. Identify the name(s) of children being paid for in the comment section using child's first name and Date of Birth yyyymmdd.

Volunteer commitment will be paid if the Guardian fails to complete the required volunteer time or the child will be removed from the ice until the payment noted above is paid.

Please note:

The Ontario Government has adopted the Statute “*Rowan’s Law*” which requires all sports, including Hockey Northwestern Ontario, to have a Concussion Code of Conduct that includes the review of Government issued Concussion Awareness Resources on an annual basis for each Player, Team Official and On-Ice Official it registers. The Hockey Northwestern Ontario Concussion Code of Conduct, at www.hockeyhno.com/rowanslaw and the applicable age appropriate Concussion Awareness Resources at www.ontario.ca/concussions must be reviewed before you can register/participate in HNO.

SEASON SCHEDULE

The season start date will be announced via email, <http://www.slmha.net>, and Facebook. Schedule may change based on number of participants.

Division	Ice time #1	Ice time #2	Ice time #3	Home Tournament
IP	Sunday 1pm – 2pm	Thursday 6 – 7pm	n/a	Not Applicable
NOVICE	Sunday 11am – 12	Monday 6 – 7pm	Wednesday 6 – 7pm	Not Applicable
ATOM	Sunday 12 – 1pm	Tuesday 6 – 7 pm	Thursday 7 – 8pm	Not Applicable
PEEWEE	Sunday 10am – 11am	Monday 7 – 8pm	Wednesday 7 – 8pm	Not Applicable
BANTAM	Sunday 2pm – 3pm	Monday 8 – 9pm	Thursday 8 – 9pm	Not Applicable
MIDGET	Sunday 3pm – 4pm	Tuesday 7 – 8pm	Friday 6 – 7pm	Not Applicable

Final Payment Due November 1, 2020. Total payment owing is

\$ _____