










# *Fair Play Code*

*... for COACHES*

-  I will be reasonable when scheduling games and practices, remembering that players have other interests and obligations.
-  I will teach my players to play fairly and to respect the rules, officials and opponents.
-  I will ensure that all players get equal instruction, support and playing time.
-  I will not ridicule or yell at my players for making mistakes or for performing poorly.
-  I will remember that players play to have fun and must be encouraged to have confidence in themselves.
-  I will make sure that equipment and facilities are safe and match the players' ages and abilities.
-  I will remember that participants need a coach they can respect. I will be generous with praise and set a good example.
-  I will obtain proper training and continue to upgrade my coaching skills.
-  I will work in cooperation with officials for the benefit of the game.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Fair Play Code*

*... for PARENTS*



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 conflicts 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 a game / event.



I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.



I will never ridicule or yell at my child for making a mistake or losing a competition.



I will remember that children learn best by example. I will applaud good plays / performances by both my child's team and their opponents.



I will never question the official's judgement or honesty in public.



I will support all efforts to remove verbal and physical abuse from children's hockey activities.




I will respect and show appreciation for the volunteer coaches who give their time to provide hockey experiences for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Fair Play Code*


*... for PLAYERS*


 I will play hockey because I want to, not just because others or coaches want me to.


 I will play by the rules of hockey, and in the spirit of the game.


 I will respect my opponents.

 I will control my temper - fighting and mouthing off can spoil the activity for everyone.

 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 / performances - those of my team and of my opponents.

 I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Conducting the First Parent Meeting

Adapted from 'Avenue Road Ducks Novice Selects'  
(host meeting shortly after team is formed)

Scheduled Date: \_\_\_\_\_



## A. Introduction (5-10 minutes)

- Introduce yourself (manager), coach, assistant coaches, trainer, etc.
- Give a brief explanation of the importance and purpose of the meeting.



## B. Coaching Overview (10 minutes)

- Have the Coach provide information on the goals and objectives for the season and his credentials and philosophy.



## C. Details of Program / Expectations for Players (10-20 minutes)

- With the Coach present specific information on the operation of your hockey program.
- Overview of how coach and player evaluations will be implemented.
- Discuss expectations of the player (and parents) **Appendix 1: Fair Play Codes**
  - Time commitment
  - Respect for themselves, all players (own team and opposition), referees, officials, parents, etc.
  - Expected conduct – games, practices, locker room, events
  - Discipline
- Let parents participate in deciding rules of parent conduct at games, team functions, etc.



## D. Budget (15 minutes)

- Outline of expected costs **Appendix 22: Budget**
- Initiate fundraising discussions – will there be a fundraiser, or will each family make a contribution? *Suggestions:* bingos, casinos, dinners, auctions / raffles, sponsors, etc.
- Extra activities – social events, photos, extra tournaments, how much extra ice time must be booked?



## E. Team Apparel (5 minutes)

- Discuss dress code
- Water bottle policy



## F. Expectations of the Parents / Volunteers (20 minutes)

- Organize a parent's committee to coordinate roles and responsibilities – volunteer roles are essential and each family should participate in a role. **Appendix 3: Parents' Contact & Responsibility List**

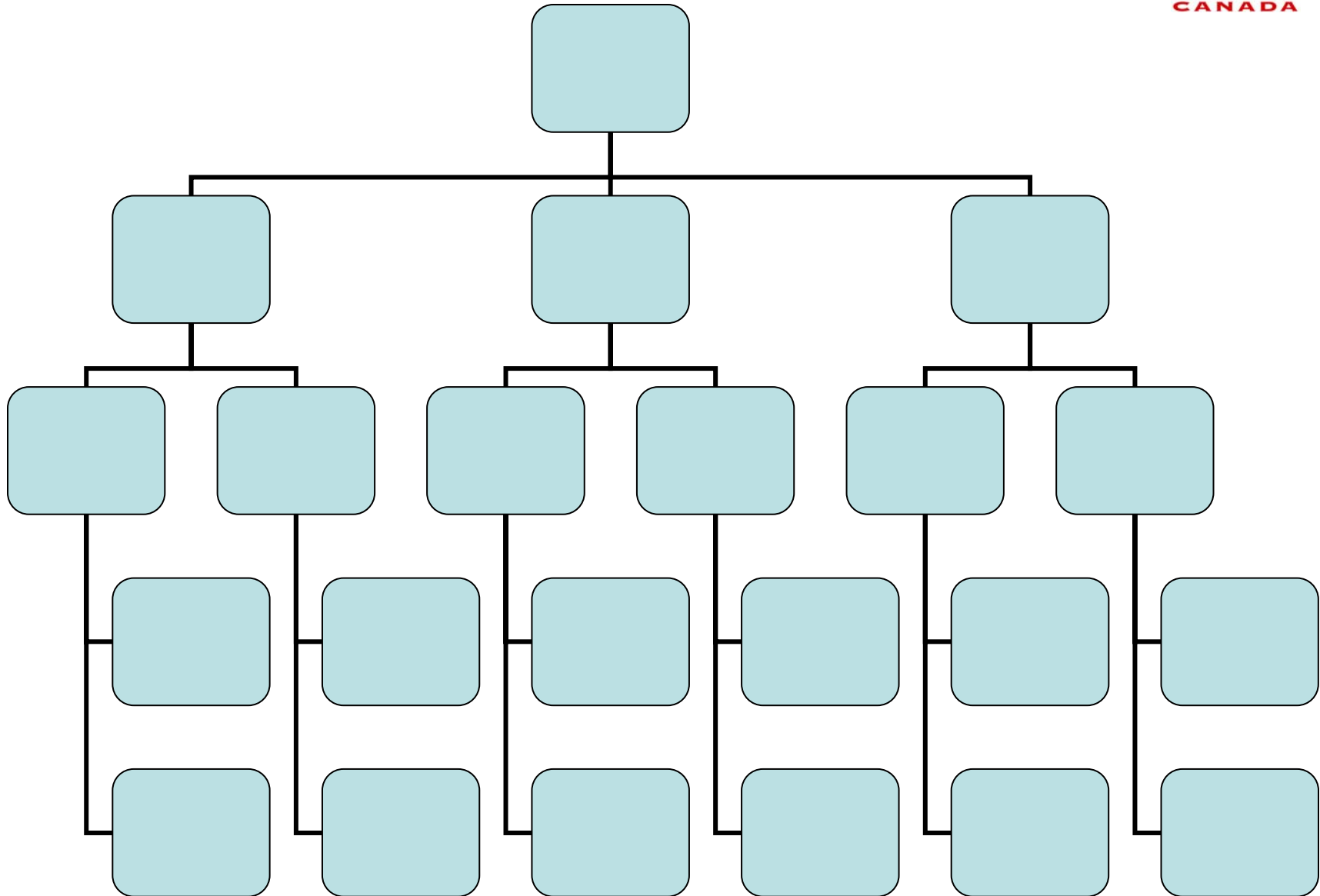


## G. Questions (5 minutes)

- Allow additional questions, parent concerns, etc.
- Distribute materials and any forms that need parent's attention.
- Set up time for next meeting. Date: \_\_\_\_\_



# PHONE TREE OUTLINE



# FACILITY SAFETY CHECKLIST

Name of Facility: \_\_\_\_\_

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

Facility Manager: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ By Whom: \_\_\_\_\_

Position: \_\_\_\_\_



## FINDINGS



Area	Good	Condition Acceptable	Unacceptable	Notes / Comments
Ice condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breakaway nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glass enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penalty boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Officials' box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Evacuation procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heating system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other danger areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Report filed with: \_\_\_\_\_ Date: \_\_\_\_\_

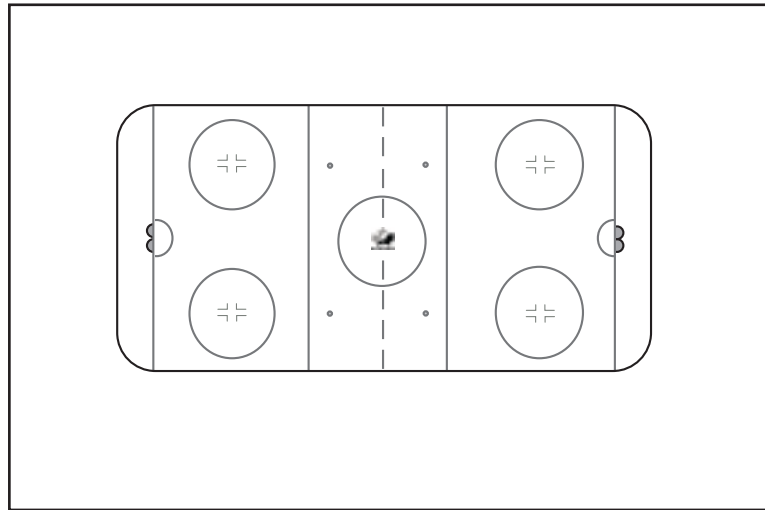
(e.g. branch, rink manager, etc.)

Response Requested:                      Yes                       No

Action Taken: \_\_\_\_\_

# SAFETY REQUIRES TEAMWORK

## AN EMERGENCY ACTION PLAN FOR HOCKEY



- Legend**
- Phone
  - Exits
  - + First Aid

### EQUIPMENT LOCATIONS

Please locate and identify areas on above map: i.e., first aid room, routes for ambulance crew, telephones, emergency exits, etc.

Arena/Facility name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

### Emergency Telephone Numbers

Emergency \_\_\_\_\_

Ambulance \_\_\_\_\_

Fire Dept \_\_\_\_\_

Hospital \_\_\_\_\_

Police \_\_\_\_\_

General \_\_\_\_\_

Other \_\_\_\_\_

### 1. Charge Person

- Most qualified person available with training in first aid and emergency response
- Familiarize yourself with arena emergency equipment
- Take control of an emergency situation until medical personnel arrive
- Assess injury status of player

### 2. Call Person

- Location of emergency telephone
- List of emergency telephone numbers
- Directions to arena
- Best route in and out of arena for ambulance crew
- Communicate with Charge Person and Control Person

### 3. Control Person

- Ensure proper room for Charge Person and ambulance crew
- Discuss emergency action plan with:
  - Arena staff
  - Officials
  - Opponents
- Ensure that the route for the ambulance crew is clear and available
- Seek highly trained medical personnel (i.e., MD, nurse) to assist injured player if requested by Charge Person
- Discuss player's injury and status with parents.



# Hockey Canada Abbreviations & Acronyms

## Association and Branch Acronyms

BCH	British Columbia Hockey
HA	Hockey Alberta
HC	Hockey Canada
HM	Hockey Manitoba
HN	Hockey North
HNB	Hockey New Brunswick
HNL	Hockey Newfoundland and Labrador
HNO	Hockey Northwestern Ontario
HNS	Hockey Nova Scotia
HPEI	Hockey Prince Edward Island
HQ	Hockey Quebec
IIHF	International Ice Hockey Federation
ODHA	Ottawa District Hockey Association
OHF	Ontario Hockey Federation
OWHA	Ontario Women's Hockey Association
SHA	Saskatchewan Hockey Association

## Organizations and Initiatives

ADC	Athlete Development Committee
CAAWS	Canadian Association for Advancement of Women in Sport
CAC	Coaching Association of Canada
CDM	Canadian Development Model
CHL	Canadian Hockey League
CIAU	Canadian Interservice Athletic Union
CIS	Canadian Interuniversity Sport
HCRC	Hockey Canada Regional Centre
HCSA	Hockey Canada Skills Academy
HDC	Hockey Development Council
ICC	International Coaches' Conference
IP	Initiation Program
LTAD	Long Term Athlete Development
MHA	Minor Hockey Association
NCCP	National Coaching Certification Program
NCMP	National Coach Mentorship Program
NHL	National Hockey League
NSST	National Skills Standards and Testing
NWT	National Women's Team
RIC	Referee in Chief



### Score Sheets / Game Abbreviations

A	Assists
C	Centre
D	Defenseman
DvP	Points Scored against Teams within the Division
EN	Empty Net
F	Forward
FL	Face-offs lost
FW	Face-offs Won
FWP	Percentage of Face-offs Won
G	Goals or Goaltender
GAA	Goals Against Average
GP	Games Played
GW	Game Winning Goal
HmP	Points Scored on Home Ice
L	Losses
LW	Left-wing
NO	Player Jersey Number
ODvP	Points Scored against Teams outside the Division
OT	Overtime
P/G	Average Points Scored per Game
PIM	Penalty Minutes
PK	Penalty Kill
POS	Player Position
PP	Power Play Goal
PPP	Points Scored while on the Power Play
PTS	Points
RdP	Points Scored on the Road
RW	Right-wing
S%	Shooting Percentage
SA	Shots Against
SH	Short Handed Goal
SHP	Points Scored while Short-handed
SO	Shutouts
SOG / S	Shots on Goal
SV / S	Saves
SV%	Save Percentage
T	Ties
W	Wins



Team Name \_\_\_\_\_

# OFFICIAL ROSTER

Division (Midget, Bantam Female, etc.) \_\_\_\_\_

SAMPLE COPY ONLY

Provincial Play-off Category (A, AA, etc.) \_\_\_\_\_  
 Pending verification by Zone Registrar  
 (not applicable for WMHA)

1. The information below is collected for all registered participants and is required by \_\_\_\_\_ (its employees, team officials, volunteers, leagues and associations) to facilitate its hockey programs and to administer the rules that govern sanctioned events. **Signature below indicates understanding and agreement with respect to the aforementioned use of personal information.**

2. \_\_\_\_\_ does not share the information we collect outside our Branch and Associations, however we may from time to time use this information for the purposes of offering additional services, including promotions offered by third parties. This type of usage of your personal information by \_\_\_\_\_ and/or its associations is entirely at your discretion. **Please indicate your preference by circling Yes or No next to your signature.**

\_\_\_\_\_ treats this information with the utmost respect and in accordance with the \_\_\_\_\_ Privacy Policy at all times. For further information on \_\_\_\_\_ Privacy Policy, please visit our website at \_\_\_\_\_

**NOTE: Bantam & Higher Categories, Circle Goalie Number Below**

	SURNAME (please print)	GIVEN NAME (please print)	M/F	D.O.B. D/M/Y	MAILING ADDRESS / CITY (Include Section/Township/Range/Quarter if applicable)	POSTAL CODE	PHONE NUMBER	LAST TEAM REGISTERED	1. PARENT'S / GUARDIAN'S SIGNATURE	2. Yes/No	
1.										Y	N
2.										Y	N
3.										Y	N
4.										Y	N
5.										Y	N
6.										Y	N
7.										Y	N
8.										Y	N
9.										Y	N
10.										Y	N
11.										Y	N
12.										Y	N
13.										Y	N
14.										Y	N
15.										Y	N
16.										Y	N
17.										Y	N
18.										Y	N
19.										Y	N

Please circle Primary Contact

Levels: IP = Initiation, C = Coach, I = Intermediate, A = Advanced, SO = Speak Out (formerly Coach Awareness Program), S = Safety

	SURNAME (please print)	GIVEN NAME (please print)	M/F	D.O.B. D/M/Y	MAILING ADDRESS / CITY / POSTAL CODE (Include Section/Township/Range/Quarter if applicable)	PHONE NO. (Res)	PHONE NO. (Bus)	CIRCLE CERTIFICATION LEVELS ATTAINED	1. TEAM OFFICIAL'S SIGNATURE	2. Yes/No	
1.	Head Coach							IP C I A SO S		Y	N
2.	Asst. Coach							IP C I A SO S		Y	N
3.	Asst. Coach							IP C I A SO S		Y	N
4.	Manager							IP C I A SO S		Y	N

**SAFETY – Please complete this area even if listed as a Coach or Manager**

5.	Safety							IP C I A SO S		Y	N
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BRANCH APPROVAL \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ ASSOCIATION APPROVAL \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

PLEASE SUBMIT YOUR COMPLETED ROSTER TO THE APPROPRIATE ZONE REGISTRAR  
 (YOUR SIGNATURE INDICATES THAT YOU ARE AWARE OF THE COACHING CERTIFICATION REQUIREMENTS)

## TEAM CONTACT LIST

Team / Year

Coach: \_\_\_\_\_  
 Asst. Coach \_\_\_\_\_  
 Asst. Coach \_\_\_\_\_  
 Manager: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Cell: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Cell: \_\_\_\_\_

Email: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Email: \_\_\_\_\_

First Name	Last Name	Address	Phone #	Cell #	DOB DD/MM/YY	Guardian #1 / Relation	Guardian #2 / Relation	Email Address



# ASSOCIATION CONTACT LIST

## Team / Year

Arena: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

ROLE	NAME	PHONE	E-MAIL



## PLAYER MEDICAL INFORMATION SHEET

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

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

City / Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

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

Provincial Health #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Please check the appropriate response below pertaining to your child:

	YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>		Previous history of concussions	<input type="checkbox"/>	<input type="checkbox"/>	Diabetic
<input type="checkbox"/>	<input type="checkbox"/>		Fainting episodes during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Medication
<input type="checkbox"/>	<input type="checkbox"/>		Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>		Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	Wears a medic alert bracelet or necklace
<input type="checkbox"/>	<input type="checkbox"/>		Are lenses shatterproof?	<input type="checkbox"/>	<input type="checkbox"/>	Surgery in the last year
<input type="checkbox"/>	<input type="checkbox"/>		Wears contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	Has been in hospital in last year
<input type="checkbox"/>	<input type="checkbox"/>		Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>	Presently injured
<input type="checkbox"/>	<input type="checkbox"/>		Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	Has had injuries requiring medical attention in the past year
<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Has had an illness lasting more than a week in the past year
<input type="checkbox"/>	<input type="checkbox"/>		Trouble breathing during exercise	<input type="checkbox"/>	<input type="checkbox"/>	Has a health problem that would interfere with participation on a hockey team
<input type="checkbox"/>	<input type="checkbox"/>		Heart condition			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications:

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Allergies:

---

Medical Conditions:

---

Recent Injuries:

---

Last Tetanus Shot:

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Date of last complete physical exam:

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Any information not covered above:

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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 of Guardian: \_\_\_\_\_





# HOCKEY CANADA SAFETY PROGRAM

## Player / Team Injury Log



Player/Team: \_\_\_\_\_ Safety Person: \_\_\_\_\_

Date	Name	Injury Description	Management (ice/bandage/tape)	Follow-up/ Recommendations	Hockey Canada Injury Report Submitted	Return to play form		Safety Persons Initials
						Requested	Received	

**Note:** This log should report, at **minimum**, each time;

- A player is removed for the remainder of the game due to an injury sustained during play.
- A player is injured during a practice whether on or off ice.
- A player is forced to leave a game or practice for unknown medical reasons.
- A player is injured during a hockey related event.

**Note:** If an injury requires medical referral and/or hospitalization, complete and submit a Hockey Canada Injury Report.





# HOCKEY CANADA INJURY REPORT



**CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF INJURY. INJURY DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INJURED PARTICIPANT:**  Player  Team Official  Game Official  Spectator

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: (M) (F)

Address: \_\_\_\_\_ City/ Town \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

*Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity.*

**DIVISION:**

- Initiation  Novice  Atom  PeeWee  
 Bantam  Midget  Juvenile

**CATEGORY:**

- AAA  AA  A  B  BB  C  CC  
 D  DD  E  House  Major Junior  Minor Junior  
 Senior  Adult Rec.  Other \_\_\_\_\_

**BODY PART INJURED: \* visit the Hockey Canada web-site for an optional questionnaire \***

- |   |                                |                                  |                                   |  |                                |                                |                               |                               |                                |
|---|--------------------------------|----------------------------------|-----------------------------------|--|--------------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <b>Head</b>   | <b>Back</b>                    | <b>Trunk</b>                     | <b>Arm</b>                        | <input type="checkbox"/> Left          | <input type="checkbox"/> Right | <b>Pelvis</b>                  | <b>Leg</b>                    | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Eye Area <input type="checkbox"/> Face | <input type="checkbox"/> Neck  | <input type="checkbox"/> Ribs    | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand/Finger   | <input type="checkbox"/> Hip   | <input type="checkbox"/> Thigh | <input type="checkbox"/> Foot |                               |                                |
| <input type="checkbox"/> Throat <input type="checkbox"/> Dental | <input type="checkbox"/> Upper | <input type="checkbox"/> Chest   | <input type="checkbox"/> Upperarm | <input type="checkbox"/> Forearm/Wrist | <input type="checkbox"/> Groin | <input type="checkbox"/> Knee  | <input type="checkbox"/> Toe  |                               |                                |
| <input type="checkbox"/> Skull                                  | <input type="checkbox"/> Lower | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Elbow    | <input type="checkbox"/> Collarbone    | <input type="checkbox"/> Shin  | <input type="checkbox"/> Other |                               |                               |                                |

**NATURE OF CONDITION:**

- Concussion  Laceration  Fracture  Sprain  Strain  
 Contusion  Dislocation  Separation  Internal Organ Injury

**ON-SITE CARE:**  On-Site Care Only  Refused Care

- Sent to Hospital, by:  Ambulance  Car

**INJURY CONDITIONS: Name of arena/ location:** \_\_\_\_\_

- Exhibition/Regular Season  Playoffs/Tournament  Practice  Try-outs  Other  
 Warm-up  Period #1  Period #2:  Period #3  Overtime # \_\_\_\_\_  
 Dry Land Training  Gradual Onset  Other Sport  Other: \_\_\_\_\_

Was the injured player in the correct league and level for their age group?  Yes  No

Was this a sanctioned Hockey Canada hockey activity?  Yes  No

**CAUSE OF INJURY:**

- Hit by Puck  Collision with Boards  Non-Contact Injury  
 Hit by Stick  Collision on Open Ice  Collision with Opponent  
 Fall on Ice  Checked From Behind  Collision with Net  
 Fight  Blindsiding

**LOCATION:**

- Defensive Zone  Offensive Zone  Neutral Zone  
 Behind the Net  3 ft. from boards  Spectator Area  
 Parking Lot  Dressing Room  Bench  
 Other: \_\_\_\_\_

**WEARING WHEN INJURED:**

- Full Face Mask  Intra-Oral Mouth Guard  
 Half Face Shield/Visor  Throat Protector  
 Helmet/No Face Shield  No Helmet/No Face Shield  
 Short Gloves  Long Gloves

**ADDITIONAL INFORMATION:**

- Has the player sustained this injury before?  Yes  No  
 If "Yes" how long ago \_\_\_\_\_  
 Was a penalty called as result of the incident?  Yes  No  
 Estimated Absence from hockey?  1 week  1-3 weeks  3+ weeks

**DESCRIBE HOW ACCIDENT HAPPENED:**  
 (Attach page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photostatic/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/Guardian if under 18 years of age)

**TEAM INFORMATION:** (To be completed by a Team Official)

Association: \_\_\_\_\_ Team Name : \_\_\_\_\_  
 Team Official (Print): \_\_\_\_\_ Team Official Position: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**

**THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED**

- Occupation:  Employed Full-time  Employed Part-time  Unemployed  Full-Time Student  
 Employer (If minor, list parent's employer): \_\_\_\_\_  
 1. Do you have provincial health coverage?  Yes  No Province: \_\_\_\_\_  
 2. Do you have other insurance?  Yes  No (IF "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.)  
 3. Has a claim been submitted?  Yes  No (IF "YES", PLEASE FORWARD PRIMARY INSURER EXPLANATION OF BENEFITS)  
 Make Claim Payable To:  Injured Person  Parent  Team  Other: \_\_\_\_\_

**Branch APPROVAL**

**PHYSICIAN'S STATEMENT**

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Name of Hospital / Clinic : \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_ Date of First Attendance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Claimant will be totally disabled:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is the injury permanent and irrecoverable?  No  Yes

Give details of injury (degree) : \_\_\_\_\_

Prognosis for recovery : \_\_\_\_\_

Did any disease or previous injury contribute to the current injury?  No  Yes (describe): \_\_\_\_\_

Was claimant hospitalized?  No  Yes (give hospital name, address and date admitted): \_\_\_\_\_

Names and addresses of other physicians or surgeons, if any, who attended claimant: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge,

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DENTIST'S STATEMENT**

Limits of coverage: \$1,000 per tooth, \$2,000 per accident  
Treatment must be completed within 52 weeks of accident

	UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM/HER
P A T I E N T	D E N T I S T	SIGNATURE OF SUBSCRIBER
LAST NAME GIVEN NAME ADDRESS APT. CITY PROV. POSTAL CODE	PHONE NO.	

FOR DENTIST'S USE ONLY – FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT.

I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ \_\_\_\_\_ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.

I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR.

DUPLICATE FORM

\_\_\_\_\_  
SIGNATURE OF (PATIENT/GUARDIAN)

**OFFICE VERIFICATION**

DATE OF SERVICE DAY / MO. / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE.

**TOTAL FEE  
SUBMITTED**

NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.

**Mail completed form to:  
Ontario Minor Hockey Association  
25 Brodie Drive, Unit #3, Richmond Hill, ON L4B 3K7  
Phone: 905-780-6642 Fax: 905-780-0344**





# GAME REPORT

## Type of Report

Match \_\_\_\_\_  
 Gross \_\_\_\_\_  
 10-Min \_\_\_\_\_  
 Injury \_\_\_\_\_  
 Continuation \_\_\_\_\_

## Game Identification

Date of Game: \_\_\_\_\_  
 Place of Game: \_\_\_\_\_  
 Category:  
 Novice \_\_\_\_\_ Atom \_\_\_\_\_ Pee Wee \_\_\_\_\_  
 Bantam \_\_\_\_\_ Midget \_\_\_\_\_ Juvenile \_\_\_\_\_ Junior \_\_\_\_\_  
 Visiting Team: \_\_\_\_\_  
 Home Team: \_\_\_\_\_

PRINT LEGIBLY

## Identification of Officials

Referee: \_\_\_\_\_  
 Linesman: \_\_\_\_\_  
 Linesman: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Level: \_\_\_\_\_  
 Level: \_\_\_\_\_  
 Level: \_\_\_\_\_

PRINT LEGIBLY

## Details of Incident (one incident per report)

Period of Game            1    2 3            OT            Time of Period \_\_\_\_\_

Indicate to whom and why the penalty was assessed: (provide actual rule number)

# \_\_\_\_\_ of the \_\_\_\_\_ team for rule \_\_\_\_\_  
 # \_\_\_\_\_ of the \_\_\_\_\_ team for rule \_\_\_\_\_  
 # \_\_\_\_\_ of the \_\_\_\_\_ team for rule \_\_\_\_\_  
 # \_\_\_\_\_ of the \_\_\_\_\_ team for rule \_\_\_\_\_

PRINT LEGIBLY

State what you saw happen, including relevant incidents leading up to and following the penalty (additional sheets may be used). Please print.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

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

### Mailing Instructions:

All game reports along with the original score sheet MUST be mailed within 24 hours of incident. Reports are to be sent to the appropriate person based upon the rule violation. If in doubt, contact your local Referee In Chief or Referee Committee member immediately.

**Note – Complete one (1) report per incident.**

**SAMPLE COPY ONLY**

# Game Check List

## Pre-Game

- Ice Rented
- Ice Paid for
- Officials booked
- Officials fees
- Volunteers lined up and trained

Cheque Number: \_\_\_\_\_

Cheque Number: \_\_\_\_\_

Game Clock: \_\_\_\_\_

Stats Sheet: \_\_\_\_\_

50/50 Tickets: \_\_\_\_\_

Concession: \_\_\_\_\_

Safety Person: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

- Dressing rooms checked and secure

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## During Game

- Monitor off-ice conduct of players and parents
- Check dressing rooms
- Check in with volunteers

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Post Game

- Pay officials
- Game Report signed by officials and both teams
- Game score reported (24 hours)
- Game report submitted

Called in by: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date mailed: \_\_\_\_\_

- Rink left in good/clean condition

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### TEAM STATISTICS

**TITLE:** \_\_\_\_\_  
**GAME DATE:** \_\_\_\_\_  
**EVALUATED TEAM:** \_\_\_\_\_  
**OPPOSITION:** \_\_\_\_\_

**Form No.:** \_\_\_\_\_

**GAME LOCATION:** \_\_\_\_\_  
**STATISTICIAN:** \_\_\_\_\_

NAME / PLAYER NO.	REMARKS	PERIOD				TOTAL
		1	2	3	OT	
	Notes such as: # Power Play (PP) @ Short Handed (SH)					
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
	<b>TOTALS</b>	0	0	0	0	0



**SAMPLE COPY ONLY**

**TRAVEL PERMIT FOR TOURNAMENT / EXHIBITION GAMES  
(IN CANADA ONLY)**

**The** (TEAM PARTICIPATING IN TOURNAMENT) \_\_\_\_\_ **hockey team is hereby**  
**Granted permission to participate in the** \_\_\_\_\_ **tournament / exhibition,**  
**which has been sanctioned by the** (HOST BRANCH – PROVINCE) \_\_\_\_\_ **Hockey**  
**Association under the Hockey Canada Regulations.**

**Tournament dates: Start** \_\_\_\_\_  
**End** \_\_\_\_\_

**This permission has been granted with the understanding that the first obligation of the team is to their regular league games, no team may participate in a tournament while in Branch playoffs.**

**Signed** \_\_\_\_\_  
**Branch General Manager**

**Date** \_\_\_\_\_  
**Received by Branch Office**

**PLEASE COMPLETE THE FOLLOWING INFORMATION TO HELP US IN RETURNING YOUR SIGNED COPY OF YOUR TRAVEL PERMIT – THANK YOU**

**CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS: Street/Box:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**TELEPHONE: (Res)** \_\_\_\_\_ **(Bus)** \_\_\_\_\_ **(Fax)** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

## Instructions – Budget Sheets



### Potential Sources of Revenue and Expenses

#### REVENUE

Parent Dues  
Tournament Revenue  
Fundraisers  
Sponsors  
Branch / Association

#### EXPENSES

*Games / Practices*  
Officiating Fees  
Rink / Ice Rentals  
Equipment Rentals  
Travel Costs

*Events / Tournaments - Away*  
Tournament Fees  
Event Fees  
Travel Costs  
Meals  
Lodging

*Events / Tournaments - Home*  
Association Fees  
Officiating Fees  
Rink / Ice Rentals  
Equipment Rentals  
Prizes

*General Operations*  
Meetings  
Communications  
Photos  
Team Events  
Meals  
Extra Rentals

With all budget sheets it is a good idea to save a copy of the original file. If a formula is altered, affecting the calculated outcome of a team sheet, the original will serve as a means of comparison.

All sheets are created in Excel with basic formulas already inserted. The sheets are not locked and can be altered to fit any team, or can simply be used as ideas if a team wishes to create/use their own budgeting sheets.

All templates are saved as part of the same file: **22b - Budget.xls**. Select a worksheet by clicking on the corresponding tab at the bottom of the page; options: Year – Basic, Year – Breakdown, Monthly, and Trip.



## Budget Sheet 1: Year – Basic

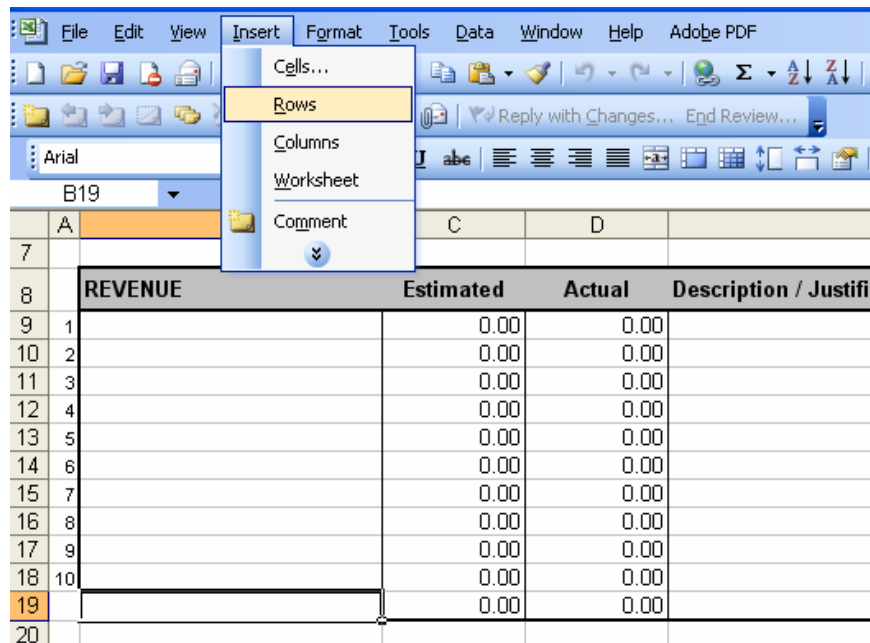
1. Fill in the **team name** by clicking on the cell with 'Team' and typing over it.
2. Enter the '**Period Covering**'.
3. Enter the '**Start Balance**'. Can be any number (it is currently set at zero). To enter a negative number, type the minus sign before the number (e.g. -210). In a cell, negative numbers are shown in brackets to distinguish them from positive numbers (e.g. \$ 210.00 vs. \$ (210.00))
4. **Revenue**: enter all revenue.

The 'Estimated' column is for planning purposes, but is not required to be filled in for formulas to work properly.

Amounts entered in the 'Actual' column will automatically add up in the 'Total Revenue' space.

If another entry line is required, select a cell from the bottom row inside the revenue table. From the 'Insert' menu select 'Rows'. Repeat for each additional row needed.

In the below example, the new row will be added to the Revenue table.



The screenshot shows the Microsoft Excel interface. The 'Insert' menu is open, and 'Rows' is selected. Below the menu, a table is visible with the following structure:

	REVENUE	Estimated	Actual	Description / Justification
9	1	0.00	0.00	
10	2	0.00	0.00	
11	3	0.00	0.00	
12	4	0.00	0.00	
13	5	0.00	0.00	
14	6	0.00	0.00	
15	7	0.00	0.00	
16	8	0.00	0.00	
17	9	0.00	0.00	
18	10	0.00	0.00	
19		0.00	0.00	
20				

5. **Expenses**: enter all expenses

The 'Estimated' column is for planning purposes, but is not required to be filled in for formulas to work properly.

Amounts entered in the 'Actual' column will automatically add up in the 'Total Expenses' space.

If another entry line is required, select a cell from the bottom row inside the expenses table. From the 'Insert' menu select 'Rows'. Repeat for each additional row needed.

6. **End Balance**: the end balance is automatically calculated from the data you entered (start balance + total revenue – total expenses).

## Budget Sheet 2: Year – Breakdown

This sheet only alters from Budget Sheet 1: Year – Basic with regards to expenses. Various expense categories have already been created on this sheet to help the Team Manager better organize their expenses. Sub totals under each category will provide a more detailed visual of the team's cost breakdown. Category titles can be changed if so desired.

### Steps 1 – 4: Same as Budget Sheet 1: Year – Basic.

#### 5. Expenses: enter all expenses

The 'Estimated' column is for planning purposes, but is not required to be filled in for formulas to work properly.

Amounts entered under the 'Actual' column for each category will automatically add up in the 'Sub Totals' space for that category. The 'Sub Totals' from each category will automatically add up in the 'Total Expenses' space.

If another entry line is required, select a cell from the row directly above the Sub-total line of the category that you wish to add to. From the 'Insert' menu select 'Rows'. Repeat for each additional row needed.

In the below example, the new line will appear under the Games / Practices category.

		Estimated	Actual	Description / Justification
16				
17				
18				<b>EXPENSES</b>
19				<b>Games / Practices</b>
19	1	0.00	0.00	
20	2	0.00	0.00	
21	3	0.00	0.00	
22		0.00	0.00	
23		<b>0.00</b>	<b>0.00</b>	<b>Sub Total</b>
24				<b>Events / Tournaments - Away</b>
25	1	0.00	0.00	
26	2	0.00	0.00	

#### 6. End Balance: the end balance is automatically calculated from the data you entered (start balance + total revenue – total expenses).

## Budget Sheet 3: Monthly

This sheet works similar to the above two sheets, only it is broken down even further for those Team Manager's looking for more detail. Along with breaking down the expenses into category, all revenues and expenses are broken down by month.

The row that list the months has been frozen so that this information will always appear at the top of the screen as one scrolls down. To eliminate this feature, under the 'Window' menu, select 'Unfreeze Panes'.

### Steps 1 –3: Same as Budget Sheet 1: Year – Basic.

4. **Revenue:** enter all revenue into the correct month. One item may have an entry under multiple months. This would all appear within the same row.

Amounts entered under each month will automatically add up in the 'Total Revenue' space for that month, with a yearly total appearing in the last column.

If another entry line is required, select a cell from the line directly above the 'Total Revenue' line within the revenue table. From the 'Insert' menu select 'Rows'. Repeat for each additional row needed.

5. **Expenses:** enter all expenses

Amounts entered under each month for each category will automatically add up in the 'Sub Totals' space for that month/category, with a yearly total appearing in the last column. The 'Sub Totals' from each category will automatically add up in the 'Total Expenses' spaces for each month, with a yearly total appearing in the last column.

If another entry line is required, select a cell from the row directly above the Sub-totals line of the category that you wish to add to. From the 'Insert' menu select 'Rows'. Repeat for each additional row needed.

\*Always add the entire row, even if you will only enter data under one month.

In the below example, the new line will appear under the Games / Practices category.

BUDGET					
		Aug	Sept	Oct	Nov
1					
2					
3	<b>Period Covering:</b>				
4	<b>Start Balance:</b>	\$	-		
5					
6					
15	<b>EXPENSES</b>				
16	<b>Games / Practices</b>				
17	Ice	0.00	100.00	200.00	100.00
18	Officials	0.00	50.00	100.00	0.00
19	-	0.00	0.00	0.00	0.00
20	<b>Sub Totals</b>	<b>0.00</b>	<b>150.00</b>	<b>300.00</b>	<b>100.00</b>
21					

6. **End Balance:** the end balance is automatically calculated from the data you entered (start balance + total revenue – total expenses).

## Budget Sheet 4 – Trip

This sheet helps the Team Manager to budget and breakdown cost for a team trip. The worksheet only outlines the costs of the trip, not how the funds will be raised.

1. Fill in the **team name** by clicking on the cell with 'Team' and typing over it.
2. Enter the **'Period Covered / Event'**.
3. Enter **'Target Trip Budget'**. This is the amount the team would ideally allot to this event.
4. **Enter costs.**

Cells highlighted in grey are the areas that will affect calculations. These cells are currently set to show no cost. ('Cost per item' and 'Number Needed' should be set at a default of 0, and 'Time Frame' should be set at a default of 1 to ensure formulas work properly.)

**Sub Total** = cost per item x number needed

**Total** = cost per item x number needed x time frame

The descriptive columns under 'Number Needed' and 'Time Frame' can contain any description desired as this non-numerical entry will not affect formulas, but is to provide clarification for the numbers entered.

Sample:

7					<b>Actual Trip Budget: \$ 1,800.00</b>					
8										
9										
10		<b>Cost per Item</b>	<b>X</b>	<b>Number Needed</b>		<b>Sub Total</b>	<b>X</b>	<b>Time Frame</b>		<b>TOTAL</b>
11										
12	<b>Bus / Car Rentals</b>	\$ 300.00	x	1	bus(es)	\$ 300.00	x	3	day(s)	\$ 900.00
13										
14										
15	<b>Gas</b>	\$ 0.90	x	100	litre(s)	\$ 90.00	x	2	fills	\$ 180.00
16										
17										
18	<b>Hotels</b>	\$ 120.00	x	6	room(s)	\$ 720.00	x	1	night(s)	\$ 720.00
19										

### 5. Add a row.

Select 'Other 5' from the bottom row of the table. Under the 'Insert' menu select 'Rows'. A new row will be created above 'Other 5'. Because there is calculations that take place within the rows, formulas will need to be added to the Sub Total and Total cells of this row. The formulas used in these two cells are listed above.

6. **Actual Trip Budget:** the actual trip budget is automatically calculated from the data you entered (a sum of all the Totals).

## Glossary of Terms

These definitions are taken from Hockey Canada's Articles, Bylaws and Regulations for 2006-07, section A. Definitions. The full document can be found on the Hockey Canada website at: <http://www.hockeycanada.ca/6/7/5/4/index1.shtml>.

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For the purpose of all Hockey Canada Articles, By-Laws, Regulations, Rules and Policies unless otherwise defined in a specific regulation, the following words, terms and expressions are defined as follows in alphabetical order:

1. "Affiliate Player" ("AP") - refers to those players from club teams, affiliated teams, or specially affiliated players when such player(s) are participating with a higher Division/category team.
2. "Amateur" - An amateur hockey player is one who is not participating in organized professional hockey.
3. "Category" - has the meaning assigned by B.4, 5 and 6. [*Where the Divisions listed in B.1 (senior, junior, juvenile, midget, bantam, peewee, atom, novice, initiation) and other Divisions created under B.2 (major, minor) are further divided, such subdivisions shall be known as categories: AAA, AA, A and B. (In Junior Male Hockey, the categories are as follows: Major Junior, Junior A, Junior B and Junior C.)*]
4. "Club" - has the meaning assigned by E.20 (a). [*A club is defined as a local Minor Hockey Association operated and controlled by a duly elected Executive or Board of Directors, the members of which shall designate from among themselves, the persons referred to in E.4. (President; Secretary; and two (2) persons that the President and Secretary may designate as signing Officers for the purpose of release of a player.)*]
5. "Club Team" - has the meaning assigned by E.21 (b). [*A team operating within a club, shall be known as a "Club Team".*]
6. "Division" - means the classes of hockey being operated within this Association. These are as follows: Senior, Junior, Juvenile, Midget, Bantam, Pee Wee, Atom, Novice, Initiation and the Divisions created under B.2. [*major, minor*].
7. "Exhibition Game"- a game which is not part of the regular season, tournament, or play-off schedule.
8. "Geographic-Subdivision" has the meaning assigned by F.6. [*A geographic sub-division includes a city, a town, a municipality, a police village, a rural area or a zone as established from time to time by a Branch within its own jurisdiction.*]
9. "Goalkeeper(s)" and "Goaltender(s)" - means all players other than skaters.
10. "Home Branch"- means where a player resided and was last registered to play Minor hockey prior to registering to play Junior hockey.
11. "Horizontal Chain(s) of Teams" - means a group of club teams registered in a same Division but in different categories.
12. "House League" - House League Hockey is defined as a community oriented Minor hockey program structured to provide development and competition at the recreational level.

13. "Minor Hockey" - only includes the following Divisions: Juvenile, Midget, Bantam, Pee Wee, Atom, Novice, Initiation and the Divisions created under B.2. [*major, minor*].
14. "Permanent Affiliate" - A player who registers on a lower category team for the express purpose of affiliating on a full time basis to the higher category team.
15. "Player(s)" - means goaltenders and skaters.
16. "Region" – means the geographic territory comprised of one (1) or more Hockey Canada Branches.
  - a. "Atlantic Region" – means the grouping of the following Hockey Canada Branches: HPEI, HNS, HNB and HNL.
  - b. "Ontario Region" – means the grouping of the following Hockey Canada Branches: ODHA, OHF, and HNO.
  - c. "Pacific Region" – means the grouping of the following Hockey Canada Branches: Hockey Alberta, BCAHA, and Hockey North.
  - d. "Quebec Region" – means the Hockey Quebec Branch.
  - e. "Western Region" – means the grouping of the following Hockey Canada Branches: Hockey Manitoba and SHA.
17. "Release" - means the unconditional discharge of a player from team or club membership.
18. "Skater(s)" - means all players other than goalkeepers.
19. "Team" - has the meaning assigned by E.1. [*Definition of "teams" for registration purposes: a group of team officials, at least one of whom must be a coach, with all coaches meeting Branch certification and Speak Out requirements, and one of whom must be qualified in the Hockey Canada Safety Program (HTCP in Ontario), and a group of not less than fifteen (15) registered players, at least two (2) of whom must be goaltenders, who are qualified in one (1) Division and category under Hockey Canada regulations governing age, and other regulations up to the maximum number provided by Hockey Canada regulations.*]
20. "Team Official(s)" - means all or any of the persons involved in the management of a team or club, which includes: the coach; manager; safety person/trainer; equipment manager; team physician; President and other members of the Executive and/or Board of Directors of a team or club.
21. "Tournament"- A schedule of games played among three (3) or more teams, which follows an inter-locking schedule and leads to an eventual winner.
22. "Vertical Chain(s) of Teams" - means a group of club teams registered in the same category but in different Divisions.

The above definitions are an integral part of Hockey Canada's Regulations.