

HURON-BRUCE MINOR HOCKEY

Newsletter 2021/2022 Season



Below is a list of important dates for your reference. Please visit our website

www.huronbruceminorhockey.ca

for the most up to date information on events, clinics, tryouts, meetings and schedules.

With the ongoing COVID19 situation we will assess all the listed events as they come closer and will keep you up to date by Website and our Facebook Page on any changes to these dates.

Starting now - Early Registrations

All registration Info for the 2021/22 Season is now available online on our website:

www.huronbruceminorhockey.ca

Please, anytime, go ahead, fill it out and send it by Canada Post / e-mail or drop it off in registrar's mailbox !

All registration info for e-mail, online, cheque or e-transfer is explained in the Registration Package.

Feel free to e-mail Denise Angst, Registrar at hbregistry@gmail.com any time if you have any questions.

(Registrations MUST be received prior to July 16th to avoid the \$200 per player late fee !!)

Monday May 17th Huron-Bruce Minor Hockey Annual General Meeting

Virtual Event at 7pm – watch for link to be sent by e-mail to our Membership

All members are welcome to attend the Annual General Meeting. Any business to be conducted is to be sent in writing to the Secretary by 6:00pm April 31st.

Please see the www.huronbruceminorhockey.ca website for further information.

Friday July 16th 2021 – 2022 Registration Deadline*

All forms must be completed in full, including signed Rowan's Law and Medical Form and received by the Registrar with payment.

(Registrations MUST be received prior to July 16th to avoid the \$200 per player late fee !!)

* Fee applies to all 2nd year players and older. Does not apply to First Year Registrants

Are you interested in a Bench Staff position as Coach/ Trainer/ Manager for the 2021/22 Season

Please go to www.huronbruceminorhockey.ca and fill out the Coaches Application online.

All Volunteers are required to provide HBMHA with an up to date Police Check or vulnerable sector check form.

Starting Monday September 27th First Round of Rep / AE Team Tryouts

Please refer to the HBMHA website for the most up to date information on fees and team schedules!

Possible September Ice Times to be announced ahead of Tryouts.

If you have any questions or concerns about this upcoming season, please visit our website at www.huronbruceminorhockey.ca and select the "About Us" Tab. There you will find a list of Executive Members, their roles and corresponding contact information. Thank you !



2021 – 2022 Huron-Bruce Minor Hockey Registration



First Year Player?

Huron-Bruce Minor Hockey would like to encourage all kids born in 2017 and older to participate in Minor Hockey. We understand that hockey can be a big commitment, so to make things easier we waive the registration fee for all first-year players*. If you are unsure if your child is ready to play, please contact our Registrar with your questions. If you are ready to register, please complete the registration form in full and submit with a copy of your child's birth certificate and filled out Rowan's Law Form and Medical Form. All hockey parents are required to complete the Respect in Sport Parent Program prior to September 1st. For more information on this 3-hour online program please visit

www.omhahockeyparent.respectgroupinc.com

*Registration waived for all players new to Minor Hockey. This does not include OMHA Residential Transfers.

How to Register

By Mail

You can mail your completed registration form to:
**(Completed Registration has to be received
prior to July 16th or late fee will apply !!)**

**Denise Angst, Registrar c/o HBMHA
35728 Zion Rd. Lucknow, ON
N0G 2H0**

Online

Registration packages can also be found online at www.huronbruceminorhockey.ca. If you wish to email your completed registration forms, please send to hregistry@gmail.com

Please note that registration forms must be completed in full, including signed Rowans Law and Medical form prior to submission.

You can also drop off your completed registration in a **sealed envelope** to the Recreation Department at the Lucknow or Ripley Arenas. Please note that HBMHA is an independent not-for-profit organization – Arena Staff are unable to accept payments or provide receipts. Any envelopes that are dropped off will be picked up in a timely manner by the Registrar.
(Please check if Arena's are open before dropping off due to Covid19)

Payment Options

All payments must be received by July 16th 2021, or registration will be subject to a \$200 late fee per registrant.

Cheque

Cheques can be made payable to **Huron-Bruce Minor Hockey** and can be post-dated for **July 16th 2021**.

E-Transfer

E-Transfer payments can be accepted by Susanne Cutting, HBMHA Treasurer. Please ensure that email notification is sent prior to sending funds. If you wish to pay via e-transfer, please email hbtresury@gmail.com in the same email.

Information to include:

Player(s) name(s)

Total amount being paid

Date(s) of Birth

Scanned registration form, if not already handed in

Financial Assistance Options

We understand that hockey can be expensive! If you require financial assistance, please contact the Registrar at hregistry@gmail.com to make payment arrangements. Alternatively, there are several financial assistance programs available to parents.

Canadian Tire Jump Start Program – is dedicated to removing financial barriers so kids across Canada have the opportunity to get off the sidelines and get into the game. Jumpstart's core purpose is to enrich the lives of kids (from 4 to 18) in need through sports and physical activity. They assist with the costs associated with registration, equipment and/or transportation. Please visit jumpstart.canadiantire.ca for more information.



HURON-BRUCE MINOR HOCKEY ASSOCIATION

2021 – 2022 Registration Form

Registration Deadline – Friday July 16, 2021

Registration cost will increase by \$200.00 per registrant after July 16, 2021 ***NO EXCEPTIONS***

Registration Fees

Pre-School OR First Year of Minor Hockey	FREE (Birth Certificate & Respect Certification required)
1 Player (Initiation & Tyke included)	\$395.00
2 Players	\$660.00
3 Players	\$910.00
4 Players	\$1145.00

All Cheques can be made payable to **Huron-Bruce Minor Hockey**. Registration payment is due upon form submission.

E-Transfers accepted by Susanne Cutting at hbtreasury@gmail.com

PLAYER INFORMATION

Last Name: _____ First Name: _____ DOB: _____ DAY / MONTH / YEAR

Home Address*: _____ Town: _____ Postal Code: _____

Primary Phone: _____ e-mail address: _____

Parent / Guardian Name(s): _____

* Please list the PHYSICAL home address of the player, not the mailing address or PO Box. This information is required by the Hockey Canada Registry (HCR) and the OMHA to properly roster and insure your child.

DIVISION	BIRTH YEAR		
Pre-School	2017	<input type="checkbox"/>	
U7 (Initiation)	2015/2016	<input type="checkbox"/>	
U8 (Minor Novice)	2014	<input type="checkbox"/>	
		<u>OMHA</u>	<u>OWHA</u>
U9 (Novice)	2013	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
U11 (Atom)	2011/2012	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
U13 (Peewee)	2009/2010	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
U15 (Bantam)	2007/2008	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
U18 (Midget)	2004/2005/2006	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
U21 (Juvenile)	2001/2002/2003	<input type="checkbox"/> BOYS	<input type="checkbox"/> GIRLS
(Intermediate Girls) 1999-2002	2000 - 2003		

Will your player be trying out for the Rep or Additional Entry team? ☐ YES ☐ NO

Are you willing to act as a bench staff member? Please provide your answers and contact information here:

I'd like to volunteer as a coach/trainer/benchstaff: ☐ NO ☐ YES Which Team? _____

Are you certified? ☐ NO ☐ YES ☐ I'm not sure. I need more information.

NAME of Volunteer/s (name/cell/email if different from above): _____

MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____ Cell: (____) _____

Provincial Health Number (optional): _____

Parent/Guardian #1: Name _____

Business Phone Number: (____) _____

Parent/Guardian #2: Name _____

Business Phone Number: (____) _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player: _____

Telephone: (____) _____ Cell: (____) _____

Doctor's Name: _____

Telephone: (____) _____

Dentist's Name: _____

Telephone: (____) _____

Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

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

Yes ☐ No ☐ Medication

Yes ☐ No ☐ Allergies

Yes ☐ No ☐ Previous history of concussions

Yes ☐ No ☐ Fainting or seizure during or after physical activity

Yes ☐ No ☐ Near fainting or Brownouts

Yes ☐ No ☐ Seizures and/or epilepsy

Yes ☐ No ☐ Wears glasses

Yes ☐ No ☐ Are lenses shatterproof

Yes ☐ No ☐ Wears contact lenses

Yes ☐ No ☐ Wears dental appliance

Yes ☐ No ☐ Hearing problem

Yes ☐ No ☐ Asthma

Yes ☐ No ☐ Trouble breathing during exercise

Yes ☐ No ☐ Heart Condition

Yes ☐ No ☐ Palpitations or Racing Heart

Yes ☐ No ☐ Family history of heart disease

Yes ☐ No ☐ Family history of unexpected death during physical activity

Yes ☐ No ☐ Family history of unexplained death of a young person

Yes ☐ No ☐ Diabetes - Type 1 _____ Type 2 _____

Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? _____

Yes ☐ No ☐ Health problem that would interfere with participation on a hockey team

Yes ☐ No ☐ Has had an illness that lasted more than a week and required medical attention in the past year

Yes ☐ No ☐ Has had injuries requiring medical attention in the past year

Yes ☐ No ☐ Been admitted to hospital in the last year

Yes ☐ No ☐ Surgery in the last year

Yes ☐ No ☐ Presently injured Injured body part: _____

Yes ☐ No ☐ Vaccinations up to date Date of last Tetanus Shot: _____

Yes ☐ No ☐ Hepatitis B vaccination

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

Medications: _____

Recent injuries: _____

Allergies: _____

Any information not covered above: _____

Medical conditions: _____

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

Date: _____

Signature of Player: _____

Date: _____

Signature of Parent or Guardian: _____

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.



ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9

T: 226 533.9070 F: 519 620.7476

www.ohf.on.ca

Proud Branch Of



Ontario Hockey Federation 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 the Ontario Hockey Federation ("OHF"), 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.

Applicable age appropriate Concussion Awareness Resources are located at www.ontario.ca/concussions. The OHF Concussion Code of Conduct and the appropriate Concussion Awareness Resources must be reviewed before you can register/participate in the OHF.

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

Signature

Date

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

I, _____ (print name of parent if above signatory is under 18) confirm that I have reviewed the OHF 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 OHF Concussion Code of Conduct under the role which I have registered with the OHF.

Signature

Date

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

OHF Members





APPENDIX A

OHF Concussion Code of Conduct

2019-2020

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 the OHF to a designated person;
- recognizing a concussion or possible concussion and the reporting to a designated person when an individual suspects 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 the OHF 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 OHF 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.



ONTARIO WOMEN'S HOCKEY ASSOCIATION

225 Watline Avenue, Mississauga, Ontario L4Z 1P3

T: 905-282-9980

Email: info@owha.on.ca

www.owha.on.ca



Ontario Women's Hockey Association Rowan's Law Acknowledgement Form

The Ontario Government has adopted the Statute "Rowan's Law" that includes mandatory requirements for all sport, including the Ontario Women's Hockey Association (OWHA). The OWHA's Concussion Awareness Resource is available through the link below

[http://pointstreaksites.com/files/uploaded_documents/3323/ROWAN'S LAW Document \(FINAL June 27\).pdf](http://pointstreaksites.com/files/uploaded_documents/3323/ROWAN'S_LAW_Document_(FINAL_June_27).pdf) and includes Code of Conduct, Removal from Play, Return to Play, age-appropriate material and links to valuable additional resources.

The OWHA Concussion Awareness Resource must be read on an annual basis before an individual registers with the OWHA or with an OWHA member. The OWHA registration form requires a signature from every member/participant as well as parent/guardian for players under the age of 18.

OWHA member teams and associations are to provide the OWHA Concussion Awareness to every participant to read PRIOR to registering with the member team/association. This form may be collected by the OWHA member team/association as proof that the participant and parent/guardian if participant is under the age of 18 has read the OWHA Concussion Awareness Resource prior to registration.

Acknowledgement of Review

I, _____ (print name of athlete, Team Official or On-Ice Official) confirm that I have reviewed the OWHA Concussion Awareness Resource, including the age appropriate appendix and commit to operating within its parameters.

Signature

Date

I, _____ (print name of parent if above signatory is under 18) confirm that I have reviewed the OWHA Concussion Awareness Resource, including the age appropriate appendix and commit to operating within its parameters.

Signature

Date

Disclaimer: In order to register/participate in the OWHA this signed form must be submitted to the Female Hockey Association or Team that you are registering with.