

COCHRANE MINOR HOCKEY 2009-2010 REGISTRATION**(PLEASE PRINT)**

Name: _____

Street Address/Lot&Con.: _____

Box No.: _____ Town: _____

Date of Birth: ____/____/____ Telephone: _____

Parent/Guardian Name (s): _____

Team Last Season: _____ Position: _____

Do you wish to try out for a travelling team: Yes _____ No _____

Player's Signature_____
Signature of Parent/Guardian**Note:** Helmets, face masks, throat protectors and mouth guards are mandatory.**2009/2010 Registration Fees:**

Calculate Appropriate Fee:	Fee	Less Calendar Fund Raiser (\$75) (Circle Yes or No)	Total Due (Circle Appropriate Amount)
Single (First and Second Child)	\$335.00	Yes / No	\$260.00 / \$335.00
Family (Third or more Child)	\$210.00	Yes / No	\$135.00 / \$210.00
Clinic (Junior or Senior)	\$235.00	Yes / No	\$160.00 / \$235.00

Tournaments:

This season CMHA will sponsor one tournament per team (up to \$500.00), including house league and clinic.

Please make cheques payable to Cochrane Minor Hockey Association_____
Age Requirements: Novice (2001/2002) Atom (1999/2000) PeeWee (1997/1998)
Bantam (1995/1996) Midget (1992/1993/1994) Jr.Clinic (2004/2005) Sr. Clinic (2003)_____
Are you willing to volunteer some of your time to Cochrane Minor Hockey?

Yes _____ No _____ Name: _____

(Please specify area of interest (if any))

COCHRANE MINOR HOCKEY ASSOCIATION
Release and Waiver of Liability and Assumption of Risk Agreement
Code of Conduct
2009 – 2010

Release and Waiver of Liability and Assumption of Risk Agreement

There is a potential risk in training and participation in any sport, and we have tried to create a safe environment. The staff have established rules for participation; and proper conduct on or about playing and must be followed. I agree to abide by the Published Rules of the COCHRANE MINOR HOCKEY ASSOCIATION, and the NORTHERN ONTARIO HOCKEY ASSOCIATION.

I understand that the damages and risks of participating include serious injury or impairment to the participant's body, general health and well-being. Because of the dangers of participating, I recognize the importance of following the staff's instructions regarding techniques, training, rules, and to obey such instructions.

I hereby voluntarily assume all risks associated with participation and agree to indemnify, defend and save harmless Cochrane Minor Hockey Association, its officers, agents, servants and employees, from any and all liability, claims, causes or action or demands of any kind and nature whatsoever which may arise by or in connection with the participation in Cochrane Minor Hockey Association.

The terms hereof shall serve as a release and assumption of risk for the participant's heirs, estate, executors, administrators and assignees.

I assume any and all risks of personal injuries and authorize a member of the Cochrane Minor Hockey Association to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the participant or to take and admit the participant to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damage to the participant or his/her property, caused by or arising from the participant participation in the Cochrane Minor Hockey Association.

The participant is in good health and has no physical condition that would prevent the participant from participation in the event or activity.

Code of Conduct

I am enrolling my child in the Minor Hockey program with the belief that it will result in a positive environment in which he/she will improve his/her hockey skills and develop a better sense of fair play and good sportsmanship. To help meet this goal, I pledge to conduct myself in such a manner as not to distract from the enjoyment that others may receive during the course of practices and games.

I understand that the men and women who have volunteered to coach my child are just that - volunteers! I pledge to be supportive of the coaching staff and not to undermine their efforts prior to, during or after practices or games.

I acknowledge that without referees there would be no game and just as hockey players, referees are not developed overnight. I pledge not to verbally abuse, insult, threaten or intimidate the officials.

If I cannot control myself with regard to the above, I acknowledge and fully accept that I may be asked by team officials or a person in authority to vacate the arena.

Player's Signature: _____

Parent/Guardian Signature (if player a minor): _____

Date: _____

Referee registration in Cochrane Minor Hockey has been on the decline for a few years and it is a concern for the officiating program. If you know anyone that would be interested in becoming an official, please have them contact the association or the local Referee-in-Chief.

REMINDER OF ARENA RULES:

- 1. NO PROFANE LANGUAGE ALLOWED**
- 2. NO SMOKING IN THE ARENA**
- 3. NO ALCOHOLIC BEVERAGES ALLOWED**
- 4. AUTHORIZED PERSONAL ONLY IN GONDOLA**
- 5. NO ROUGH PLAY ALLOWED**
- 6. WALK – DON'T RUN**
- 7. NO SHOOTING PUCKS OR OBJECTS IN LOBBY, HALLS OR DRESSING ROOMS**
- 8. STAFF ONLY ON ICE WHILE ZAMBONI IS IN OPERATION**
- 9. NO WRITING OR MARKING ON WALLS**

Directors/Convenors at Large:

Duties of the Convenor: Convenor shall act as liaison in matters of communication between teams and Executive Committee. Convenor shall assist and establish a committee to accomplish team balancing for each CMHA category. Convenor shall attend games (as required) in the first and second half of the season of each team to observe coaching staff, check ice time and use of legitimate affiliated players. Convenors shall meet with coaches, trainers, and managers of each team to review rules and regulations of the constitution. Any verbal decisions made by the Executive Committee or a member thereof concerning matters under the jurisdiction of a Convenor must be communicated by the Convenor.

Any concerns which you would like to address to the directors of CHMA must be communicated to your convener.