



Welcome to Frontenac Minor Hockey and thank you for coaching!

2023/2024 FMHA Executive Committee

President – Jeff Peck president@frontenachockey.ca	Coach Co-ordinator – Brent Hole coach@frontenachockey.ca
Vice President – Jamie Seale vice-president@frontenachockey.ca	Ice Scheduler – Jeff Peck president@frontenachockey.ca
Secretary – Crystal Brash secretary@frontenachockey.ca	Community Relations – Kelsey Shulist kelseyshulist@gmail.com & Amanda Syvret mrs.syvret@gmail.com
Treasurer - Debbie Donovan treasurer@frontenachockey.ca	Webmaster – David Hasler shsdhasler@gmail.com
Registrar – Heather Hasler registrar@frontenachockey.ca	Fundraiser & Health and Safety – Reshelle Leonard fundraiser@frontenachockey.ca
Registrar – Stephanie Thompson registrar2@frontenachockey.ca	Equipment Manager – Dale Sager daleandamanda.sager@gmail.com
Dispute & Resolution – Crystal Brash crystalbrash@gmail.com	ICHL Co-ordinator – Melissa Shibley melissairish@hotmail.com
IP/Tyke Co-ordinator – Kelsey Shulist IPtyke@frontenachockey.ca	Referee in Chief – Willie Wilson sffr252@gmail.com
OMHA Representative – Jamie Seale omha@frontenachockey.ca	Development – Jeff Ottenhof development@frontenachockey.ca

Team Organization

In order to stay organized and keep communication open between coaches and parents for your team, it would be a good idea to have a team manager or parent help out with weekly communications/emails on practice times/game times etc. The coach does not have to do all the work – ask parents to help out!

Electronic Team Rosters

You will need an electronic approved team roster from OMHA. You may only play players from your approved OMHA team roster. Heather Hasler/Stephanie Thompson (Registrars) will submit your team roster to OMHA and send you the approved roster by email. You need to have a copy of your approved team roster with you at all games/tournaments in case you are asked for it. You could be asked for it anytime by a referee etc.

NRP Players – Non-Resident Players

Must be justified and seek permission from the Executive.

Team Accounts

If teams are handling money they should prepare a financial workbook and make it available to parents/executive on request.

Coach/Bench Staff

Every team must have a minimum of 2 certified bench staff (Coach and a Trainer) certified within the Hockey Canada system to be approved on a team roster by OMHA. You may also add an assistant coach and an assistant trainer or a manager for a maximum of 5 bench staff. Each team can only have 1 manager listed on team roster but is not required to have a manager listed unless they will be on the bench for games.

All volunteers on the ice or bench must have Respect in Sport activity leader (online course) – can be found on the OMHA website at www.omha.net and must have a CPIC – please contact Brent Hole. Coach certification requirements are listed on the Frontenac website under Documents.

A helper can be on the ice and not on the team roster but must report name and date of birth to Debbie Donovan so they are covered for insurance purposes. In

the event that you are short a coaching staff member for a game, please follow the following rules:

- You may borrow a FMHA coach/trainer provided they are on an FMHA approved roster (including the AT LARGE roster). You may borrow the opposing teams trainer if needed but please let the referee know prior to the game.
- All coaches/bench staff must sign the game sheet for the position that they have been approved for – for example a trainer must sign as a trainer and assistant trainer can only sign in the assistant trainer spot on the game sheet (the only exception is an assistant coach may sign as a coach when acting as the head coach).
- Roster AT LARGE – this is a FMHA roster of volunteers that will help out but are not on a specific team roster, you may contact the Registrar for one of these volunteers if necessary.

All *new* players in hockey must have a birth certificate in Hockey Canada to be eligible on the team roster, the Registrar will let you know if one of your players has an outstanding birth certificate. This player cannot play a game until he/she has emailed or given the birth certificate to the Registrar.

Respect in Sport “Parent Program” is an OMHA mandatory course for at least one parent to complete before their child may be added to an electronic team roster to play hockey for the 2023/2024 hockey season, the Registrar will let you know if this course is missing for a player.

Please give at least 3 days notice for any changes to your team roster to be updated and returned to you.

On ice Insurance

If someone is assisting you for practice but they are not on any of FMHA team rosters they must be added to OMHA on ice insurance, they cannot participate until added to the on ice insurance policy. Please submit your request for inclusion on FMHA insurance policy this person’s date of birth and address, this is required to send to OMHA. On ice volunteers must be at least 14 years of age in full equipment, over 14 – 18 years of age must have a neck guard, gloves and helmet.

Game Sheet Rules – iPADS

Please ensure that the games are being uploaded when using the iPad. There is a blue cloud beside the game on the iPad if it has not been uploaded.

Game numbers --- these can be found on the Frontenac calendar on the website -- no excuse for not filling this in.

Please use the exact game number - IE U18#214 not 214.

Please ensure the proper team name is filled out:

Sample

Center – Frontenac

Team Name – U18 LL Team 2

Division – U18

ICHL or CC

Game Number – U18#026

U18 LL2
8:00 PM
vs. Napanee Stars LL2
Frontenac Community Arena
[U18#026]

Make sure that all bench staff sign the electronic game sheet -- if they are away mark them away --- it is a one game suspension to the Head Coach if a signature is missing.

Make sure you have the start AND end time completed on the game sheet (both paper and iPad)

Timekeepers name must be on game sheet (both paper and iPad)

If you are unsure of something please ask!!

Affiliate Players

All affiliated players must be approved by the OMHA contact Jamie Seale and Brent Hole. This process is required to use players from the division directly below for ICHL, rep teams may roster players from ICHL league, or if goalie relief is required.

Affiliated players must have “AP” beside their name on the game sheets. You will need to send an affiliated form that has been completed by the house league coach or team the player plays on full time to the OMHA contact (Jamie Seale) for his signature and then this form is given to the Registrar to upload in Hockey Canada for approval by the OMHA. Once you receive back the approved roster with the player added, you may play this affiliated player ONLY when your ICHL team has less than 10 skaters, and if the player does not have his own team game with ICHL. If a player has a game with his primary house league team he CAN NOT play with the rep team or affiliated team in ICHL.

OMHA Contact

The Frontenac OMHA contact is Jamie Seale omha@frontenachockey.ca.

You must contact Jamie for the following items:

- a travel permit if you are travelling with your team outside of the OMHA district (please see OMHA website) for example Ottawa, Westport. Please give at least 10 days notice prior to needing a travel permit (now travel permits are located on the FMH website):
- [Tournament Travel Permit Request \(Frontenac Minor Hockey\) \(frontenachockey.ca\)](#)
- [Exhibition Game Travel Permit Request \(Frontenac Minor Hockey\) \(frontenachockey.ca\)](#)
- all affiliated player forms must be approved and signed by OMHA contact before added to the affiliated team
- all exhibition games must be reported to the OMHA contact prior to the game.

DO NOT contact OMHA directly, any questions regarding OMHA policies or rules should go through our local OMHA contact – Jamie Seale or at least ask an executive member before calling OMHA directly.

Ejection from game

When you have a player ejected from a game by a referee, please ensure that there is parent support at the dressing room, players at any division should not be in dressing rooms unattended. Assign a parent-spectator to ensure coverage is there.

Suspensions

Rep suspensions must be reported immediately to Jamie Seale.

omha@frontenachockey.ca. ICHL suspensions please report to Melissa Shibley.

Suspensions must be tracked by FMHA – it is important players are serving the correct

amount – if an error occurs, there is no pardon...coach can be suspended and player can receive additional games - we want to avoid this - so please report! If there is a game suspension they must be marked on game sheet indicating the suspension is being served for example if player has 3 games (each game needs to be marked on game sheets 1 of 3, 2 of 3, 3 of 3).

Medical/Injuries

Please remember to send to OMHA all injury reports (www.omha.net). Please ensure follow up with family and the return to ice policy is followed. All players are required to have a completed medical form found on the Frontenac website under documents and the trainer for the team should have on them at all times.

Game cancellations

Please follow the EOMHL or ICHL rules on game cancellations. Games are only cancelled for bad weather...if you know that you will have coaches or players away, plan to replace them (use AP players and coaches/trainers can fill in from our AT Large roster).

All ice times outside of your regular scheduled practices/games must be approved by the President or the Treasurer. Do not contact the ice scheduler directly or your team will be responsible for paying for the ice! No exceptions!

Should a game need to be canceled due to bad weather or other extenuating circumstances you must speak directly to the opposing coach, an email or text is not enough. You will also need to speak directly to Jeff or Melissa to loop them in and ensure refs and the arena staff are aware of the changes. Again, an email or text is not sufficient. Should the coaches not speak directly to the other coach and Jeff or Melissa, it could result in a forfeit for that game.

Respect for referees/timekeepers

Please remember that these people are OMHA approved referees. These are local parents whom have taken the ref courses and teenage kids from our community who are learning!

If you have a legitimate concern with a referee/timekeeper, please send your concerns to our Referee in Chief Willie Wilson – if additional instruction or direction is

required for the ref, it will be given by Willie Wilson.

Curfews

ICHL games are 50 minutes...you can help get your game completed by doing the following:

- getting your team on the ice for warm-up in time
- checking for timekeepers/referees
- do not have informal team chats b/w periods
- have your team ready in the circle to go by end of warm-up

Fundraising Events

Fundraising events need to be reported to fundraising coordinator Reshelle Leonard fundraiser@frontenachockey.ca, she can answer any of your questions regarding appropriate fundraisers. For the purchase of any Frontenac clothing apparel, please contact Reshelle Leonard so that the proper Frontenac Flyers logo is used to maintain our branding. Please report amount of fundraising done by your team at the end of the season.

Equipment

Game jerseys should only be used for games only, please tell your players to use a practice jersey for practices. Please contact Dale Sager daleandamanda.sager@gmail.com for equipment/and or questions regarding equipment.

General Reminders

- No person's in dressing room until a coach has arrived, players should not be unattended in the dressing rooms and there should always be two adults in the dressing room at all times with the players
- No players on ice until a coach is available (especially pertains to 5 pm practices). A coach should always be on the ice during practice
- No players/coaches on ice until zamboni has cleared off ice and given the go ahead to go on the ice
- 2 min buzzer during practices – coaches need to clean up ASAP
- Off the ice at 10 min to the hour. No exception!
- ***NO ALCOHOL – NO EXCEPTIONS!!!***



TEAM OFFICIAL QUALIFICATION REQUIREMENTS

2023-2024

- All qualifications listed are the **MINIMUM REQUIREMENT**
- All Team Officials (Coach, Trainer, & Manager) require Respect in Sport (RiS) - Activity Leader or Speak Out!
- All Team Officials (Coach, Trainer, & Manager) require Gender Identity & Expression Course
- All Team Officials must complete Rowan's Law Resource Review & Acknowledgement
- All qualifications must be registered in the Hockey Canada Registry (HCR)

DIVISION	CATEGORY	HEAD COACH	ASSISTANT COACH	TRAINER
U7 U8 U9	ALL	Coach 1- Intro to Coach ¹	Coach 1- Intro to Coach ¹	HTCP Level 1
U10 U11	Representative	Coach 2-Coach Level Certified ³	Coach 2-Coach Level Trained ²	HTCP Level 1
U10 – U21	House League (HL) Local League (LL) Minor Development (MD) Select	Coach 2-Coach Level Trained ²	Coach 2-Coach Level Trained ²	HTCP Level 1
U12 U13 U14 U15 U16 U18 U21	Representative (Below A)	Development 1 Certified ⁵	Development 1 Trained ⁴	HTCP Level 1
U12 U13 U21	AAA/AA/A	Development 1 Certified ⁵	Development 1 Trained ⁴	HTCP Level 1
U14 U15 U16 U18	AA/A	Development 1 Certified ⁵	Development 1 Trained ⁴	HTCP Level 1
U14 U15 U16 U18	AAA	High Performance 1 Certified ⁶	Development 1 Trained ⁴	HTCP Level 1

COACHING QUALIFICATION LEGEND:

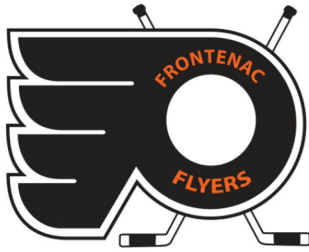
1. Coaches in divisions **U9** and Below **must** hold Coach 1-Intro to Coach - **No other qualifications are accepted**
2. Coach 2-Coach Level 'Trained' or higher: Coach 2-Coach Level 'Trained' or 'Certified'; Development 1 'Trained' or 'Certified'; High Performance 1 & 2 'Trained' or 'Certified'
3. Coach 2-Coach Level 'Certified' or higher: Coach 2-Coach Level 'Certified'; Development 1 'Trained' or 'Certified'; High Performance 1 & 2 'Trained' or 'Certified'
4. Development 1 'Trained' or higher: Development 1 'Trained' or 'Certified' or; High Performance 1 & 2 'Trained' or 'Certified'
5. Development 1 'Certified' or higher: Development 1 'Certified' or; High Performance 1 & 2 'Trained' or 'Certified'
6. High Performance 1 'Certified' or higher: High Performance 2 'Certified'

ACTING IN THE ROLE OF HEAD COACH:

Should a team's Head Coach not be available, an Assistant Coach rostered to that team is eligible to act in the role of Head Coach for that game only. If the Head Coach resigns or is removed from the position and subsequently removed from the team's Roster, the Association is responsible to Roster a new individual as Head Coach holding the qualifications appropriate to the role.

HOUSE LEAGUE (HL):

- Assistant Coaches at House League require Respect in Sport (RiS)-Activity Leader or Speak Out! and Gender Identity and Expression Course Only. However, they would require the appropriate qualification listed in chart above for participation with teams from outside their House League (i.e. exhibition and/or tournament play)
- In addition, if the Head Coach were not available to start a House League game, an appropriately NCCP qualified Coach would be required to act as the Head Coach.



Frontenac Minor Hockey Association
P.O. Box 457
Verona, Ontario K0H 2W0

13 Sept 2023

OPP – Frontenac Detachment
5282 Hinchinbrooke Rd,
Hartington, ON K0H 1W0
Attn: Records Department

RE: Police Vulnerable Sector Check – Frontenac Minor Hockey (FMH)

_____ requires a Police Vulnerable Sector Check for the purpose of volunteering with our organization. This applicant will be BENCH STAFF/ REFEREE / BOARD MEMBER (Please circle).

Sincerely,

{OSB}

J. Peck

Jeff Peck
President - FMH
H – 613-376-6459
C – 613-893-6459



FRONTENAC MINOR HOCKEY ASSOCIATION TEAM OFFICIALS CONTRACT 2023-2024 Season

As a team official of the Frontenac Minor Hockey Association (FMHA), coach, trainer or manager, I will:

- Be reasonable when scheduling games and practices;
- Teach my players to play fairly and to respect the rules, officials and their opponents;
- Ensure that all players get equal instruction, support and fair playing time;
- Not ridicule my players for making mistakes or for performing poorly;
- Remember that players play to have fun and must be encouraged to have confidence in themselves;
- Make sure that equipment and facilities are safe and match the players ages and abilities;
- Remember that participants need a coach that they can respect;
- Be generous with praise and set a good example;
- Obtain proper training, continue to upgrade my coaching skills and attend available clinics;
- Work in cooperation with officials for the benefit of the game; and
- Follow all rules and regulations set out by all governing bodies.
- Adhere to the OHF Harassment, Abuse, Bullying and Misconduct Policy
- Adhere to the OMHA Code of Conduct

When problems arise with parents during a game, practice or in any other related situations, I will pursue the disciplinary action outlined in the Parents Code of Conduct as follows:

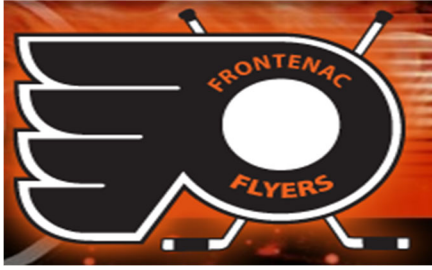
Step 1 – I will meet the parents and attempt to resolve the issues. Depending on the severity of the situation, I will use my judgment and may opt to proceed directly to Step 2. All such meetings will be reported, in writing, to the Coach Coordinator.

Step 2 – If Step 1 does not resolve the problem, I will meet with the parent for a second time, in the presence of the Coaching Coordinator.

Step 3 – If Steps 1 & 2 are unsuccessful at resolving the problem, a disciplinary hearing will be conducted.

I have read and will abide by the above contract.

_____ Coach's Name	_____ Coach's Signature	_____ Date
_____ Assistant Coach's Name	_____ Assistant Coach's Signature	_____ Date
_____ Assistant Coach's Name	_____ Assistant Coach's Signature	_____ Date
_____ Trainer's Name	_____ Trainer's Signature	_____ Date
_____ Manager's Name	_____ Manager's Signature	_____ Date



FRONTENAC MINOR HOCKEY ASSOCIATION

Player/Parent Contract

2023-2024 Season

The Player, Parents or Guardians (collectively referred to as "Participants") and family members must agree and/or abide to this contract as a condition of membership in the Frontenac Minor Hockey Association ("FMHA"). At the start of each season, each Participant must sign this contract and return it to the FMHA or one of its executives, prior to beginning ice sessions.

GOVERNING STANDARDS OF CONDUCT

- We, the participants, understand that being allowed to play hockey with the FMHA is a privilege and that full compliance with the contract is required at all times.
- I, the player, agree to abide fully by the rules of the game applicable to the level of play in which my team participates and will maintain an expected high level of conditioning.
- We, the participants, understand that we must set an example, and conduct ourselves respectfully and with courtesy towards everyone associated with the game and that our team, the organization and myself will be judged by our behavior.
- We, the participants, understand that any irresponsible or disrespectful behavior in any facility and/or toward a coach, official, player or parent whether before, during or after a game or practice is inappropriate and will not be tolerated. This will also include behavior through the Internet and email.
- We, the participants, understand that yelling, taunting, use of obscene gestures or language, racial or ethnic slurs, striking or attempting to strike (except allowable on ice body contact under league rules) or otherwise abusing an official, coach or spectator will not be tolerated.
- We, the participants, understand that we must abide by and respect the officials and their authority during and at all games. We will not confront officials in a negative manner before, during or after the game.
- We, the participants, will not publicly criticize coaches, teammates, opponents or officials verbally, over the Internet or otherwise and will only raise concerns privately in a civil and respectable manner.
- During tryouts, practices and games, we will not attempt to discuss problems or issues with a coach or their staff until a 24-hour "cooling off" period has taken place. We will follow guidelines as set out in the Ontario Minor Hockey Association (OMHA) Code of Conduct.
- I, the player, understand that I am expected to attend every tryout, practice and game to the best of my ability and participate in all skill development sessions where applicable. It is my responsibility to notify my coach, in a timely manner, if I am unable to attend. I understand that repeated absences may result in discipline as determined by my coach. I am expected to attend all mandatory seminars.
- We, the participants, understand that winning is not everything and that having fun, improving skills, making friendships and learning sportsmanship is the primary goal of the FMHA. Winning and losing will be done with equal grace and dignity.
- We, the participants, understand that failure to abide by this contract, the OMHA Code of Conduct and the Ontario Hockey Federation (OHF) Harassment, Abuse, Bullying and Misconduct Policy will result in disciplinary actions as set out by the OMHA or as determined by the FMHA executive members and its rules of operation.

I have reviewed this contract and will review the OMHA Code of Conduct and the OHF Harassment, Abuse, Bullying and Misconduct Policy located on the FMHA website. As a player, I have discussed its contents with my Parent or Guardian, who also agrees to be bound by the standards outlines above. The signature of one Parent/Guardian constitutes agreement by all the Player's Parents/Guardians and their family members to abide by the contract.

Player's Name

Player's Signature

Date

Parent's/Guardians Name

Parent's/Guardians Signature

Date



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (____) _____ Cell: (____) _____

Mother's Name: _____ Father's Name: _____

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

Relationship to player: _____

Address: _____

Doctor's Name: _____ Telephone: (____) _____

Dentist's Name: _____ Telephone: (____) _____

Date of last complete physical examination: _____

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

Please circle 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 episodes during exercise |
| 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 | Family History of Heart Disease |
| Yes | No | Diabetes Type I _____ Type 2 _____ |
| Yes | No | Wears a medical information bracelet or necklace
For what purpose? _____ |



Yes	No	Has any 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	Has 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: _____

Allergies: _____

Medical conditions: _____

Recent injuries: _____

Any information not covered above: _____

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

Date: _____ Signature of Player: _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which it is collected and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.



HOCKEY CANADA INJURY REPORT

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See reverse for mailing address

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

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ____/____/____

Mo. Day Yr.

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

Name: _____ Birthdate: ____/____/____ Sex: ☐ M ☐ F

Mo. Day Yr.

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (____) _____

Parent / Guardian: _____

DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Pee wee
☐ Bantam ☐ Midget ☐ Juvenile ☐ Junior

CATEGORY

☐ AAA ☐ A ☐ BB ☐ CC ☐ DD ☐ House ☐ Minor Junior ☐ Adult Rec.
☐ AA ☐ B ☐ C ☐ D ☐ E ☐ Major Junior ☐ Senior ☐ Other _____

BODY PART INJURED

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

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 ☐ Period #2
☐ Playoffs/Tournament ☐ Period #3
☐ Practice ☐ Overtime: _____
☐ Try-outs ☐ Dry Land Training
☐ Other ☐ Gradual Onset
☐ Warm-up ☐ Other Sport
☐ Period #1 ☐ Other: _____

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

Was the injured player in the correct league and level for their age group?

☐ Yes ☐ No

Was this a sanctioned Hockey Canada activity?

☐ Yes ☐ No

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 a 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 photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____

(Parent/Guardian if under 18 years of age)

Date: _____

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 EXPLANATIONS OF BENEFITS.)

Make Claim Payable To: ☐ Injured Person ☐ Parent ☐ Team ☐ Other: _____

Branch
APPROVAL



HOCKEY CANADA INJURY REPORT

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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 the details of injury (degree): _____

Prognosis for recovery: _____

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

Was the 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 and to the best of my knowledge,

Signed: _____ Date: _____

DENTIST STATEMENT

Limits of coverage: \$1,250 per tooth, \$2,500 per accident
Treatment must be completed within 52 weeks of accident

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

Patient	Dentist	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM DIRECTLY TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO HIM / HER
Last name _____ Given name _____	_____	
Address _____	_____	
City / Town _____ Province _____ Postal Code _____	PHONE NO _____	

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

DUPLICATE FORM ☐

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 THE SERVICES RENDERED.

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

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

Name Bars and Sponsor Bars

(With Merrowed Edge)

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promosmart.ca@gmail com

JOHNSON

Name Bars 3"x16"

- ☐ White Bar/Black Print
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ABC PLUMBING

Sponsor Bars 4"x16"

- ☐ White Bar/Black Print
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TEAM.....

CONTACT.....

TEL.....

E MAIL.....

Direct Print to jersey namrs+Sponsor s.@ \$8.95 each..\$.....

Name bars +Sponsor bars..... @ \$9.95 each.. \$.....

Sew on bars @ \$7.50 each..\$.....

Remove bars @ \$7.50 each..\$.....

+ 13% ^HST \$.....

Pre Payment Required for name bars

TOTAL \$.....



Video # Title

- 1 Using the App and Login
- 2 Starting a New Game
- 3 Using the Tabs on the Bottom of the Home Page - Viewing Errors
- 4 Checking Roster, Selecting Starting Goalie and Manager Signing
- 5 Editing a Roster - Away, Suspended and Adding an AP player from the list
- 6 Coach Signature - Changing Starting Goalie
- 7 Adding AP Player not already in System
- 8 The Scoring Page
- 9 Using the Period Change Button
- 10 Adding a Goal
- 11 Adding a Penalty and using the Served By feature
- 12 Adding a penalty and a Game Misconduct
- 13 Deleting a Mistake
- 14 Using the "Shots" feature
- 15 Goalie Change Feature
- 16 Ending a Game and Ref Page
- 17 Adding a Referee from the Search list
- 18 Adding Referee not on the List
- 19 Referee Changing a Penalty Code After the game
- 20 Making a Game Misconduct Report
- 21 Referee Signatures Required
- 22 Game is Locked Down and Now Ready to Upload
- 23 Locked Game being Uploaded to Cloud
- 24 The Wheel Feature - Logout and Sending Feedback
- 25 Dashboard - Editing the Roster: Numbers and Captains
- 26 Dashboard - Login Page

Useful For:

managers, coaches, score-keepers
managers, coaches, score-keepers
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managers, coaches
managers, coaches

Links

<https://youtu.be/f8QpGQf-NAc>
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