

PLAYER FORMS

In preparing for the event, it is recommended that each P/TASB establish a working partnership with their hockey Canada Provincial/Territorial hockey branch and government.

AGES MUST BE BORN: Competitors must be Bantam and/or Midget age as of the competitive 2010/2011 season born 1993 to 1997 inclusive for both Male and Female teams;

i) **Female Division:**

Of the 24 players, teams may choose to carry five (5) overage players on the roster that are born in the years of 1991 to 1992 inclusive.

This package includes the following forms:

- | | |
|------------------------------------|--------|
| • Player Personal Information Form | Page 2 |
| • Player Waiver Form | Page 3 |
| • Player Code of Conduct Form | Page 4 |
| • Player / Parent Consent Form | Page 6 |
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Additional Forms (if required)

- | | |
|---|------|
| • Medication and Physiotherapy Treatment Form | Page |
| • Declaration of Ancestry | Page |
| • Player Declaration Form- ED&N Players only | Page |
| • Academic Residency Form | Page |

2011 NATIONAL ABORIGINAL HOCKEY CHAMPIONSHIPS

Saskatoon, Saskatchewan: April 26 – April 30, 2011

Please follow these steps:

STEP 1: Carefully read the enclosed package of forms

STEP 2: Immediately arrange to have a physical done by your family doctor. Have the enclosed Medical Form completed by your doctor and physiotherapist (if applicable).

STEP 3: Complete the remaining forms and return them to your Team Manager at the following address:

Insert team contact information here

Thank you for your cooperation!

PLEASE NOTE:

**ALL FIELDS MUST BE FILLED.
EMPTY FIELDS SHOULD TYPE "n/a"**

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PLAYER PERSONAL INFORMATION FORM
Confidential

Province/Territory Team: _____ Male Female

Personal Information

Last Name: _____ Middle: _____ First: _____

Current Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Birth Date: _____ Place: _____

Position: _____ Shot: _____

Height: _____ Weight: _____

Ancestry: Indian Status/Treaty: Inuit: Metis:

Identification Card Number: _____

No card? Complete a Declaration of Aboriginal Ancestry Form

Preferred Language: English French

Medical / Health Information

Provincial Health Card Number: (9 digit) _____

Personal Identification Number: (6 digit) _____

Health Benefits information: _____

Emergency Contacts: In the event of an emergency

Primary:

Name (print): _____ Relationship: _____

Home Phone: () _____ Work/Cell Phone: () _____

Alternate

Name (print): _____ Relationship: _____

Home Phone: () _____ Work/Cell Phone: () _____

Education

School: _____ Grade: _____

School Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () _____

Principal Name: _____ Teachers Name: _____

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PLAYER WAIVER FORM

By submitting and signing this form, I acknowledge the following:

I understand that as a member of the below mentioned Team (hereafter referred to as the "Team"), the Aboriginal Sport Circle, and more directly the National Aboriginal Hockey Championships (NAHC), relies on private contributions and financial assistance from the public and from corporate sponsors for funding the event.

In this regard, I hereby grant to the Aboriginal Sport Circle the exclusive right to use my image or picture (whether in still photo, television, or any other form) in an official NAHC Team uniform, whether such use is during any period in which I compete as a member of the team or anytime thereafter.

I further grant to the Aboriginal Sport Circle the exclusive right to use my name in connection with my participation as a member of the Team for commercial or publicity purposes, whether such use is during the period in which I am a member of the team or anytime thereafter.

I further grant to the Aboriginal Sport Circle the exclusive right to permit any other person, firm or corporation, to make use (for commercial purposes) of my name or any image or picture of me (whether in still photo, television, or any other form), as a member of the Team, whether wearing an official NAHC Team uniform or not. This exclusive right is granted for the period during which I sign and date this waiver form or anytime thereafter.

I further grant to the Aboriginal Sport Circle the consent to be interviewed or photographed by the media as a member of the Team, whether wearing an official NAHC Team uniform or not. This exclusive right is granted for the period during which I sign and date this waiver form or anytime thereafter.

I hereby agree not to permit any other person, firm, or corporation to use my picture or name, in connection with my participation at the National Aboriginal Hockey Championships, unless the express written permission from the Aboriginal Sport Circle.

I hereby authorize the Aboriginal Sport Circle to take such steps or commence such legal proceedings in my name, with appropriate written notice to me, to protect these rights. Such legal proceedings, which are considered necessary or advisable to prevent the unauthorized use by such person, firm, or corporation of my picture or name, shall be carried out at the Aboriginal Sport Circle's cost, in its sole and unfettered discretion.

Team (print): _____

Player's Name (print): _____

Player's Signature: _____ Date: _____

Parent/Guardian's Name (print): _____
(Required if player is under 18)

Parent/Guardian's Signature: _____ Date: _____

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PARTICIPANT CODE OF CONDUCT FORM

TRADITIONAL PROTOCOL

All participants must respect the traditional protocols of the Host.

All participants must respect the cultural diversity of teammates and staff.

The Aboriginal Sport Circle and the National Aboriginal Hockey Championships prohibits discriminatory practices. Participants will refrain from comments or behaviour, which are disrespectful, offensive, abusive, racist, or sexist.

BEHAVIOR

As disciplined elite level athletes, all players will abide by the direction given to them from the highly qualified coaches and team staff and respect the guidance offered by Elders and Event Staff.

Players are expected to be courteous and polite at all times to staff, bus drivers, flight attendants, hotel staff, rink attendants, etc.

All participants (players, coaches and team staff) will compete within the principles of fair play and good sportsmanship at all times.

- *Respect the rules of the game*
- *Respect officials and accept their decisions*
- *Respect the opponent*
- *Maintain dignity under all circumstances*

CURFEW

Coaches, team staff and chaperones must monitor and enforce the tournament curfew of **11:00 pm** (local time) for their players unless an earlier curfew has been established by your team. At the time of curfew, all players must be in their designated rooms.

Teams will determine their own curfews for team staff.

DRESS CODE

For Meals, travel and practices – casual

For games – Teams will establish their own dress code that will require either team uniforms or dress attire (i.e. shirt, tie and blazer).

INJURIES

All injuries are to be reported to the coaching staff immediately. For serious injuries that require additional medical assistance, tournament staff must be notified and an incident report form will be filled out by coaching and team staff.

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GENERAL

Participants will attend all NAHC functions and special events.

Players are strictly prohibited from the following activities, which will be enforced with zero tolerance:

- No recreational use of tobacco (smoking).
- No consumption of alcohol.
- No use of drugs (except for medication prescribed by a doctor or physician)
- Games of chance will be allowed, however, no money can be involved. No gambling.

All participants will represent their regions and community with pride, dignity, and personal integrity.

Actions taken by any participant that is a violation of the National Aboriginal Hockey Championship's Participant Code of Conduct will be reported to the tournament's Disciplinary Committee. The Disciplinary Committee will review all violations and take swift action to address the situation.

Disciplinary steps may include the following:

- Sending an individual home at their own expense
- Prohibiting an individual from future participation at the National Aboriginal Hockey Championships and all other ASC Programs

Play hard, have fun and represent our aboriginal communities with pride

By signing this form participants acknowledge that they have read and understand the Code of Conduct for the National Aboriginal Hockey Championships and accept the consequences/ repercussions, should they violate any of the provisions within the Code of Conduct.

Team (print): _____

Player's Name (print): _____

Player's Signature: _____ Date: _____

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PLAYER / PARENT CONSENT FORM

By submitting and signing this form, I acknowledge the following:

I understand that the below mentioned player's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are within these registration forms. I represent that the information is current and accurate and includes all allergies. I further represent that the below mentioned player is physically fit and physical impairments that will in any way effect the below mentioned player's participation have been brought to the attention of the Host organizing committee.

I understand that the below mentioned player is responsible for his/her behaviour at all times, and agree not to hold the Aboriginal Sport Circle or NAHC Host Organizing Committee or any of its employees responsible for any expenses or damages incurred as a result of the below mentioned player's behaviour. I also understand than any violation of the National Aboriginal Hockey Championship's Participant Code of Conduct may result in exclusion from the event and future Aboriginal Sport Circle Programs.

I understand that the Aboriginal Sport Circle, NAHC Host Organizing Committee or any of its employees are not responsible for any injuries to the below mentioned player that may occur in relation to the National Aboriginal Hockey Championships, as well as lost or stolen items.

I give consent for the below mentioned player to be administered first aid and to be treated by an emergency medical technician, paramedic, nurse, or physician. Any follow up medical attention may be given at a local hospital and transportation to a local hospital is authorized.

I hereby permit the below mentioned player to participate at the National Aboriginal Hockey Championships, by providing my consent.

Team (print): _____

Team Manager Name (print): _____

Team Manager's Signature: _____ Date: _____

P/TASB Representative Name: _____

P/TASB Rep. Signature: _____ Date: _____

Player's Name (print): _____

Player's Signature: _____ Date: _____

Parent/Guardian's Name (print): _____
(Required if player is under 18)

Parent/Guardian's Signature: _____ Date: _____

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PLAYER STATISTICS

Year: _____
Team: _____
League: _____
Coaches Name: _____
Phone: (____) _____
GP: _____ G / MP: _____
A / GA: _____ P / GAA: _____
PIM / SO: _____

Year: _____
Team: _____
League: _____
Coaches Name: _____
Phone: (____) _____
GP: _____ G / MP: _____
A / GA: _____ P / GAA: _____
PIM / SO: _____

GP – Games Played, G – Goal, A – Assist, PTS – Points, PIM – Penalties in Minutes, MP – Minutes Played, GA – Goals Allowed, GAA – Goals Against Average, SO – Shut Out

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DECLARATION OF ABORIGINAL ANCESTRY

All competitors in the National Aboriginal Hockey Championship must be of Aboriginal ancestry. Those who do not have an Indian Status/Treaty Card, Inuit Card or Métis Card must complete this Declaration, which provides a detailed and verifiable account of your ancestry. This form must be endorsed by the appropriate team official.

I, (Athlete name) _____, hereby declare that I am of Aboriginal ancestry and eligible to compete in the 2011 National Aboriginal Hockey Championships. My Aboriginal ancestry can be directly traced back to the following lineage (attach additional pages if required):

Team (print): _____

Team Manager Name (print): _____

Team Manager's Signature: _____ Date: _____

P/TASB Representative Name: _____

P/TASB Rep. Signature: _____ Date: _____

Player's Name (print): _____

Player's Signature: _____ Date: _____

Parent/Guardian's Name (print): _____ (Required if player is under 18)

Parent/Guardian's Signature: _____ Date: _____