



Pre-Tyke (2011-2012)	\$150
Tyke (2009-2010)	\$300
Novice (2008)	\$450
Atom (2006-2007)	\$450
Pee wee (2004-2005)	\$450
Bantam (2002-2003)	\$450
Midget (1999-2001)	\$450

Muskoka Rock Minor Hockey - 2016 Registration Form

SURNAME: _____ GIVEN NAME: _____

ADDRESS: _____

FATHER: _____ HOME # _____ CELL # _____

MOTHER: _____ HOME # _____ CELL # _____

Mother Email _____ Father Email _____

EMERGENCY CONTACT: _____ PHONE: _____

Payment Amount: _____ Cash Chq #: _____

Category: _____ Team Preference (circle one): LL Rep

DOB: mm/dd/yy _____

Does your child have a health problem that could interfere with participation in our hockey program? If yes, please explain:

I assume the responsibility for the physical fitness of my child concerning his/her ability to play hockey with Muskoka Rock Minor Hockey and agree that the above information is correct. As per the policy set at the AGM, I agree that I have been informed and understand the policy concerning the right of choice players, and that by signing this form I have made my choice. I will allow my child's picture to be published (should the opportunity arise) and waive the privacy policy.

Parent Signature: _____ Date: _____

As a member of Muskoka Rock Minor Hockey, I agree to abide by the constitution, rules and the Code of Conduct.

Parent Signature: _____ Date: _____

WAIVER FORM:

The participant and parents/guardians acknowledge that ice hockey is a contact sport and agree that Muskoka Rock Minor Hockey and any of its principals, coaches, instructors, officers, employees, agents or directors will not be held responsible for any accident, damage, injury or loss, however caused, negligent or otherwise, at any time either on ice or off-ice while engaged and expressly release any and all of the aforementioned parties from all claims arising from any accident, damage, injury or loss as a consequence thereof. I understand my said agreements, release and discharge shall bind my heirs, legal representatives and assignees and shall insure to the benefit of Muskoka Rock Minor Hockey and any of the principals, coaches, instructors, officers, employees, agents or directors and their successors and assigns do not and shall not be considered to guarantee or warrant such equipment as may be used in the conduction of such hockey program.

Parent Signature: _____ Date: _____

PERMISSION TO TREAT:

In the event of an injury to the participant and the inability to contact a parent/guardian, I hereby give my permission to seek out ant necessary medical assistance the participant may require while in attendance of any function of Muskoka Rock Minor Hockey and or the team that the participant is affiliated with. Such treatment is subject to same terms and conditions as stipulated in the above captioned.

Parent Signature: _____ Date: _____

Payment & Application due by July 1st. Cheques may be post-dated. 15% discount for families with 3 or more players. Minimum of 50% of total fee due by July 1, remainder by Sept. 1.

PLAYER MEDICAL INFORMATION SHEET

Name _____

Date of birth: mm/dd/yy _____

Address _____

Mother's name: _____ Home phone # _____ Cell # _____

Father's name: _____ Home phone # _____ Cell # _____

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

Name: _____ Telephone: _____

Address: _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Please circle the appropriate response below pertaining to you child

Yes No Previous history of concussions

Yes No Fainting episodes during exercise

Yes No Epileptic

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 Diabetic

Yes No Has had an illness lasting more than a week in the past year

Yes No Medication

Yes No Allergies



- Yes No Wears a medic alert bracelet or necklace.
- Yes No Does your child have any health problem that would interfere with participation on a hockey team?
- Yes No Surgery in the last year.
- Yes No Has been in hospital in the last year.
- Yes No Has had injuries requiring medical attention in the past year.
- Yes No Presently injured.

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

*Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

Any information not covered above: _____

Date of last complete physical examination: _____

***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 or Guardian: _____



Respect in Sport | Parent Program

Access Instructions

Website for Access: <https://omhahockeyparent.respectgroupinc.com>

Registration Information:

- Once at the site, the default language is English. Click the link "Francais" to convert registration to French
- Select "Register a New User". Note, all users must register a new user to begin the program.
- If you have previously certified in the Respect in Sport Parent program enter your existing certification number in the box provided and select Check. If your profile is found and is portable, certain registration fields common across all Respect Group Inc. programs will be filled in. Complete the registration and when submit is selected, the profile and certification number will be ported.
- If you have not completed the Respect in Sport Parent program previously, complete the displayed registration fields. All fields marked with a red X are mandatory and must be completed.
- For Username and Password, you may create any entries you wish. Respect Group Inc. recommends using your email address for the username as this is always unique to a single individual. Please note these fields are case sensitive, and on re-entry, must be entered exactly as during registration
- Once registration is complete, select Submit at the bottom of the page. With successful registration, you will be taken to the Child Management page. This is where you associate your profile with your child/children active in the OMHA. Enter your child's first name, last name and date of birth in the same manner as they are registered with your minor hockey association, and select "Add Child" When all children have been added, select Done.
- You will next be taken into the system. The first step in the system is to provide program payment. Simply follow the steps and payment will be conducted securely on the PayPal website. After Payment is completed, you will be returned to the program.
- Select the appropriate language button to access the program instructions and content.



Re-Access:

- Return to the website address above (same address as for registration)
- Enter your username and password in the selection boxes indicated
- Select "Login"
- For Username/Password assistance, click on Forgot Username? or Forgot Password? on the login page
- To reprint a certificate, re-enter the program and select the Profile button followed by My Certifications.

General Information:

- Respect Group Inc. programs makes use of Pop-Up windows within the program. Please ensure Pop-Up blockers are turned off or, when prompted, set to allow pop-ups from the identified web address.
- Once in the program, select Help if technical assistance is required. The Help files provide easy tools to provide assistance.