



Islanders Sledge Hockey Club Player membership for 2018/2019 season

Each player must pay a \$400.00 membership fee*.
Beginners/Juniors will pay a \$150.00 fee to learn to play, until they want to join the team on a competitive level. This charge is to cover the cost of insuring the new player for the season.

All fees must be paid in full by October 13th, 2018.

Players who have not paid their membership will not be allowed to participate until payment is received.

*Note: Make cheques payable to **Islanders Sledge Hockey Club**

*Membership Fee covers:

Ice & Game Referees

From October 13th through to March 23rd (+ playoffs if applicable)

Insurance

O.S.H.A. Insurance coverage (\$25.00) and your O.S.H.A. membership fee (\$35.00), which will be paid on your behalf.

Equipment

Our club will supply one set of mandatory protective equipment. Sledges and jerseys are on a loan basis from the club. If sledge or jersey is lost or stolen, player must replace it at their own cost. All players (or parent/guardian, if player is under the age of 18) will be required to sign an equipment agreement.

Any questions or concerns about the registration?

For Intermediates - Please contact Cory Vaillancourt

Email: markhamislanderssledgehockey@gmail.com or phone (647) 269-5891

For Junior/Development – Please contact Sandy Steplock or Susan Taylor

Email: portaging@rogers.com / susan@susant.ca or phone (905) 780-5705 / (416) 460-2330

ISLANDERS SLEDGE HOCKEY CLUB

Website: islandersledgehockey.ca

PLAYER REGISTRATION FORM

SURNAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE # _____ SECONDARY PHONE # _____

E-MAIL _____

DATE OF BIRTH _____ GENDER (optional) _____
DD/MM/YYYY

EMERGENCY CONTACT NAME _____ PHONE # _____

DISABILITY _____

SPECIAL INSTRUCTIONS _____

The undersigned agrees that neither the Islanders Sledge Hockey Club nor the Markham Hockey Club Inc. nor any of its officials will be held responsible for any injury or accident to the above named participant.

(Player's signature)

(Parent or guardian's signature, if player is under 18)

Islanders Sledge Hockey Organization Policies

- 1) All able-bodied players are expected to assist other players on and off the ice surface.
- 2) Our club strives for teamwork and camaraderie. We get together to be a team and will treat each individual with respect. Conduct unbecoming between Islanders players, coaches or volunteers will not be tolerated.
- 3) All Islander organization players will follow the rules set out by the Ontario Sledge Hockey Association (OSHA website: www.ontariosledge.com).
- 4) Practices are as important as games. Remember - you only get back what you put in! Players that are unable to attend a game or practice are expected to contact the coaching staff immediately.
- 5) When a player has sustained a major injury and misses a combination of three or more games or practices, they will need clearance from a physician to resume play. This also applies to players that have missed an entire season due to injury.
- 6) Our club is unequivocally opposed to illegal drug usage and/or alcohol abuse in its organization. If any player is found to be under the influence of alcohol or an illegal substance, while participating on the ice or during a sanctioned event, they will be removed immediately. The club will then assess the situation on an individual basis.

(Print player's Name)

I have read and understood the Islanders
Policies and agree to conduct myself accordingly.

(Player's signature)

(Parent or guardian's signature, if player is under 18)

Date – 2018-2019 Season

Please complete and sign all attached forms included in your registration package, and return to coaching staff A.S.A.P.

Media Consent Form- Islanders Sledge Hockey Club

I understand that the Islanders Sledge Hockey Club may take photographs, films or videos (Media) which include me. I understand that the Media may be used for promotional or educational purposes, such as in the Islanders Sledge Hockey website, media outlets, and external reports. I understand that the Islanders Sledge Hockey Club will use the photographs in a respectable and appropriate manner.

I understand that I will not receive any compensation for my appearance in such photographs, which are the property of the Islanders Sledge Hockey Club. I consent to being photographed for the Islanders Sledge Hockey Club and its agents to reproduce, use and edit such Media as it finds appropriate.

I further give and grant the Islanders Sledge Hockey Club the right to use my name, likeness and biographical material in the use of the Media. I understand that I may withdrawal my consent at any time for future use of the photographs. I release the Islanders Sledge Hockey Club and its agents from any liability involved with the use of the media.

Date

Signature

Printed Name

Street Address

City, Postal Code

If the person appearing is a minor (under 18 years of age), a parent or legal guardian must sign the document as well.

Date

Parent/Legal Guardian Signature



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____ Telephone: (____) _____

Provincial Health Number (optional): _____

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

Business Telephone Numbers: Mother _____ Father _____

Alternate emergency contact (if parents are not available)

Name: _____ Telephone: _____

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 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 – Type 1 _____ Type 2 _____
- Yes No Medication
- Yes No Allergies



- | | | |
|-----|----|---|
| 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 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 Parent or Guardian: _____