



FEMALE HOCKEY ASSOCIATION

NIFHA REGISTRATION FORM

PERSONAL INFORMATION

| | |
|----------|-------------|
| Name: | Phone: |
| Address: | Email: |
| | Birth Date: |

FEES/JERSEY DEPOSITS

| | House | Intermediate | Veteran | Int + House | Vet + House |
|----------------|-------|--------------|---------|-------------|-------------|
| Fee | \$290 | \$325 | \$375 | \$590 | \$640 |
| Jersey Deposit | \$50 | \$150 | \$200 | \$200 | \$250 |

*** Fees may be adjusted depending on ice allocation at Ice Users meeting

PAYMENT INFORMATION

| | | | |
|---------|-------|------------------------------|-----------------|
| Cheque: | Cash: | Goalie Gear Deposit: (\$800) | Jersey Deposit: |
|---------|-------|------------------------------|-----------------|

Refunds: Please refer to the NIFHA constitution available on our website (www.nanaimoislanders.com)

PLAYER INFORMATION

| | |
|--|--|
| Number of years played: | Skill Level: Beginner Rookie Intermediate Veteran |
| Preferred Position: Goal Forward Defence | I would like to be on the same team as (1 person): |
| Commitment Level: Less than 50% 50-75% 75-90% 90-100% | Commitment Level Details: Shift worker Family 10pm Ice Other: |

MEDICAL INFORMATION

| | |
|--------------------|---------------------------|
| Care Card #: | Doctor Name/Number: |
| Emergency Contact: | Emergency Contact Number: |

NOTE: Any medical condition or injury problem should be assessed by your physician BEFORE you participate in any of our hockey programs.

- I, the undersigned, understand that it is my responsibility to keep my team rep, coach and/or executive advised of any pertinent changes regarding my health and medical information.
- In the event of a medical emergency and that my emergency contact cannot be reached, the team rep, coach and/or assigned safety person will transport me or arrange for transportation for me to the hospital, if deemed necessary.
- I also authorize the release of relevant medical information to appropriate NIFHA personnel as required and deemed relevant, such as a copy of this form to be provided to the team leader or coach, to keep in the medical kit in case of emergency.

HEALTH & INJURY HISTORY

| | Y/N | Details |
|--|-----|---------|
| Concussion history | | |
| Fainting during exercise | | |
| Epileptic episodes | | |
| Wear glasses while playing | | |
| Wear contacts while playing | | |
| Wear dental appliance while playing | | |
| Hearing problems/devices | | |
| Asthma | | |
| Breathing difficulty during exercise | | |
| Heart condition | | |
| Diabetes | | |
| Week-long illness, or more, in past year | | |
| Surgery in past year | | |
| Hospitalization in the past year | | |
| Medical attention required in past year | | |
| Current medication(s) | | |
| Allergies | | |
| Medical Alert | | |

Any other pertinent medical information:

Player Contract

I understand that NIFHA hosts an annual tournament fundraiser, in which I am expected to participate in some fashion as this fundraiser will benefit all players equally.

- I understand that the Nanaimo Islanders Female Hockey Association *House League* is intended to assist players in learning the game of hockey and developing their skills. I will do my best to help facilitate this learning process.
- I will respect the rules of the game, my teammates, opponents and coaches. I will respect the officials and their decisions.
- Nanaimo Islanders Female Hockey Association maintains a **NO CONTACT** policy on the ice. This translates to no body checking, boarding, charging, hooking, running goaltenders or interference.
- Safety is number one. Please no lying down, blocking shots or sliding in front of /into the shooter.
- I will do my best to ensure the safety of myself and others on the ice by maintaining self-control over my behaviour and language.
- I will not permit the intimidation of myself/other NIFA members/officials or executive members by word or by action. I will report such incidents to the executive.
- NIFHA maintains a drug and alcohol free policy. NO alcohol, drugs or other substances are to be consumed directly before an ice time. This activity places **everyone** at risk. Our ice user contract states that **no alcohol or drugs may be used in the arena facilities at any time**. If you choose to consume alcohol **after** an ice time you do so at your own risk and NIFHA holds no responsibility for your actions.
- As a NIFHA member I have a **duty to report** to the referee and an Executive representative if I suspect another player is under the influence of drugs or alcohol.
- I agree that **“Fun, learning, and encouraging better play”** are the keystones to this league.

I agree to adhere to this player’s contract (above) and will abide by the rules and regulations of CARHA. I understand that any breach of these rules of conduct and regulations could result in disciplinary action from the league, including suspensions and expulsion.

NAME

SIGNATURE

DATE