

Regular Registration Fee: \$425.00 (due September 15th)

Tournament Registration Fee: \$200

Email: Print and fill out forms. Scan and send them back to kawarthakomets@gmail.com

Mail: Complete the registration package below and send it to:
Kawartha Komets Special Needs Hockey Program
P.O. Box 50032, Peterborough, ON K9J 8R1

Payment: Cash or Cheque | E-transfer to Treasurerkawarthakomets@gmail.com (include player name in notes and the password is "hockey").

Note: The Kawartha Komets will do everything possible to ensure that every interested player is afforded the opportunity to play hockey. Please contact us if the registration fees pose a financial constraint. We may be able to offer suggestions for sources of funding.

Players must be developmentally delayed to be considered eligible to play with the Kawartha Komets. This is a guideline of the CNSH ([https://cnsn.ca/pages/1002/Mission and Vision/](https://cnsn.ca/pages/1002/Mission%20and%20Vision/)), our league authority. All applications are subject to approval by the board.

Player Information

Player Name: _____ **Player Phone #:** _____

Player Email: _____

Additional Communication - to receive weekly emails through the season:

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Required Documents. (Please all boxes before sending in registration package):

- A photocopy of the player's Health Card.
- Player Support Plan - to assist coaches, trainers and on-ice volunteers to support our players on and off the ice.
- Hockey Canada Medical Information Sheet.
- Hockey Canada Waivers.
- KKSHP Code of Conduct.

Returning Players: Do you need new hockey socks? (If so, please circle what size you need) - S M L

I understand that:

- There are inherent risks of injury or bodily harm when playing hockey. In the event of an injury requiring medical treatment and a guardian is not present, power of consent for the deemed treatment is granted to a Kawartha Komets Coach, Assistant Coach, Trainer, or Director.
- Hockey Canada Insurance covers all players in the Kawartha Komets Special Needs Hockey organization.
- If the season is cancelled or postponed due to unforeseen events, a pro-rated refund will be issued to all registered players.
- All loaned team jerseys, socks, and hockey equipment must be returned if the player is not returning the following season.
- I give my consent to have the above-mentioned medical information shared with our coaches/trainers, bench support staff, and on-ice volunteers.

Signature Required: _____ **Date:** _____
Player Signature (If over 18yrs and able) or Parent/Guardian

Kawartha Komets is a community program that is proud to promote its program and the players involved. By signing below, you agree to have your picture or your child's picture used for website and promotional materials.

Signature Required: _____ **Date:** _____
Player Signature (If over 18yrs and able) or Parent/Guardian

Hockey Canada Member Profile Required Information (we enter on the HCR Website)

Gender Identity: Male Female Prefer not to say Prefer to Self-Describe: _____

Primary Language: English French Other: _____

Citizenship: _____ **Birth Country:** _____

Identify as Indigenous: Yes No Prefer not to say

If YES, please indicate the group: Metis Inuit North American Indian/First Nations

Ethnicity: Black Caucasian Chinese Filipino

Indigenous Japanese Korean Latin American

Southeast Asian South Asian/East Asian West Asian/African/Arab Other

Volunteers

The Kawartha Komets is run ENTIRELY by volunteers. Success depends on your willingness to participate. Could you assist with any of the following?:

Name: _____

Coach Trainer On-ice Helper Two Deep Transportation Social Events Fundraising
 Committees Board

Office Use Only

Registration Received on: _____ Amount Paid: _____ Balance: _____

Paid by Cheque# _____ Paid by E-Transfer _____ Paid by Cash _____

Notes regarding registration: _____ HCR# _____

Thank you! The Kawartha Komets is a registered charitable organization - Registration # 801414939 RR0001.

Player Support Plan

To ensure that players are provided with the safest environment possible, this player support plan aims to assist coaches and volunteers in better understanding the individual needs of each player. It is understood that coaches will do their best to implement necessary support strategies whenever possible.

Player information

Name: _____

Jersey Number: _____

Date of Birth: _____

Age: _____

Diagnosis: _____

Safety/Medical Alert

Note any vital safety or medical information here, including seizure disorder, asthma (if puffer is used), heart condition, allergy (If EpiPen is needed), diabetic and brain injury. Include previous injuries and/or concussion history:

Player with Down Syndrome - test results for Atlanto Axial dislocation: ___ Positive ___ Negative

Strengths

List the player's strengths here:

Cognitive Ability

1. How well is the player able to understand events and conversations? (Check one)

- Very well Well Somewhat Not at all
 Varies significantly depending on stress/anxiety

2. How well is the player able to read/understand written material? (Check one)

- Very well Well Somewhat Not at all
 Varies significantly depending on stress/anxiety

Player Considerations

Check all the apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Does not like loud noises | <input type="checkbox"/> Is obsessive-compulsive | <input type="checkbox"/> Is prone to seizures |
| <input type="checkbox"/> Does not like whistles | <input type="checkbox"/> May run away/leave | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Does not respond well to yelling | <input type="checkbox"/> Becomes confused easily | <input type="checkbox"/> Has a short attention span |
| <input type="checkbox"/> Has limited verbal skills | <input type="checkbox"/> Is easily upset (sad, crying) | <input type="checkbox"/> Has difficulty with change |
| <input type="checkbox"/> Has a visual impairment | <input type="checkbox"/> Cannot follow non-verbal direction | <input type="checkbox"/> Is hyper active |
| <input type="checkbox"/> Has a hearing impairment | <input type="checkbox"/> Needs reminders to hydrate | <input type="checkbox"/> Exhibits self-stimulatory behaviours |
| <input type="checkbox"/> May be aggressive if upset | <input type="checkbox"/> Prone to anxiety | <input type="checkbox"/> Easily angered |

Other: _____

Concerning the player considerations checked above, please note any strategies that may be useful to help the player manage:

1. _____

2. _____

3. _____

Note: To include more information, please attach another page and check here: _____

I give my consent to have the above-mentioned information shared with the KKSHP coaches, on-ice volunteers and trainers.

Signature required: _____ Date: _____
Player Signature (If over 18yrs and able) or Parent/Guardian

Office Use Only

Coach Name: _____
Date reviewed: _____ Date reviewed by coach: _____
Date discussed with player/family: _____
Coach signature: _____



MEDICAL INFORMATION SHEET

Name: _____
 Date of birth: Day _____ Month _____ Year _____
 Address: _____
 Postal Code: _____
 Telephone: (____) _____ Cell: (____) _____
 Provincial Health Number (optional): _____
 Parent/Guardian #1: Name _____
 Business Phone Number: (____) _____
 Parent/Guardian #2: Name _____
 Business Phone Number: (____) _____

Alternate emergency contact (if parents are not available)

Name: _____
 Relationship to Player: _____
 Telephone: (____) _____ Cell: (____) _____
 Doctor's Name: _____
 Telephone: (____) _____
 Dentist's Name: _____
 Telephone: (____) _____
 Date of last complete physical examination: _____

Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician

Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> Medication | Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> Health problem that would interfere with participation on a hockey team |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Allergies | Yes <input type="checkbox"/> No <input type="checkbox"/> Trouble breathing during exercise | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had an illness that lasted more than a week and required medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Previous history of concussions | Yes <input type="checkbox"/> No <input type="checkbox"/> Heart Condition | Yes <input type="checkbox"/> No <input type="checkbox"/> Has had injuries requiring medical attention in the past year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Fainting or seizure during or after physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Palpitations or Racing Heart | Yes <input type="checkbox"/> No <input type="checkbox"/> Been admitted to hospital in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Near fainting or Brownouts | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of heart disease | Yes <input type="checkbox"/> No <input type="checkbox"/> Surgery in the last year |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Seizures and/or epilepsy | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexpected death during physical activity | Yes <input type="checkbox"/> No <input type="checkbox"/> Presently injured
Injured body part: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears glasses | Yes <input type="checkbox"/> No <input type="checkbox"/> Family history of unexplained death of a young person | Yes <input type="checkbox"/> No <input type="checkbox"/> Vaccinations up to date
Date of last Tetanus Shot: _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Are lenses shatterproof | Yes <input type="checkbox"/> No <input type="checkbox"/> Diabetes - Type 1 _____ Type 2 _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> Hepatitis B vaccination |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears contact lenses | Yes <input type="checkbox"/> No <input type="checkbox"/> Wears medical information bracelet/necklace
For what purpose? _____ | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Wears dental appliance | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Hearing problem | | |

Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)

 Medications: _____ Recent injuries: _____
 Allergies: _____ Any information not covered above: _____
 Medical conditions: _____

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 Player: _____

Date: _____ Signature of Parent or Guardian: _____

Disclaimer: Personal information used, disclosed, secured or retained by Hockey Canada will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act as well as Hockey Canada's own Privacy Policy.



KAMARTHA KOMETS
400, Sheldon Drive, Cambridge, CA
Phone: -
Email: -

Hockey Canada requires the following 3 waivers signed.

Mandatory Waivers



Agreement

Hockey Canada does not sell, trade or otherwise share the information we collect outside our Members and Associations. However, we may from time to time use this information for the purposes of offering additional services, promotions, including promotions offered by third parties, and/or hockey specific research. This type of usage of your personal information by Hockey Canada, its Members and/or associations is entirely at your discretion. Should you choose to allow this type of usage please check the box below.

- I agree
- I disagree

First Name *

Last Name *

Date *



Waiver

I certify the information provided to be true and in consideration of the granting of this registration to me with the privileges incident thereto, and by registering I have become subject to the rules, regulations and decisions of Hockey Canada, its Board of Directors, its Members and/or associations which may be restrictive in some areas such as movement from team to team, conduct etc. and I agree to abide by such rules, regulations and decisions of Hockey Canada, its Board of Directors, its Members and/or associations. Further, the information to be provided is required by Hockey Canada to facilitate hockey programs on behalf of the registrant and Hockey Canada. Hockey Canada will treat this personal information with the utmost respect and in accordance with the Hockey Canada Privacy Policy at all times.

- I have read and accept the waiver

First Name *

Last Name *

Date *

First Name *

Last Name *

Date *



Kawartha Komets Special Needs Hockey Program Participant Code of Conduct

The Code of Conducts' purpose is to clearly identify the expectations for behaviour for all Kawartha Komets Special Needs Hockey Program participants. This includes players, guardians, family members, support personnel, coaches, officials, coordinators, spectators, and volunteers, including committees and board members, involved in Komets activities and events.

The Kawartha Komets Special Needs Hockey Program is committed to providing an environment in which all individuals are treated with respect. Participants of the Komets are expected to conduct themselves at all times in a manner that reflects the values of the Komets including, but not limited to fairness, integrity, mutual respect, to refrain from Harassment, Abuse and Bullying and most of all ensure the players are having fun in a safe environment. To meet requirements of Hockey Canada, all participants must notify the Komets Board of all accidents and incidents that occur while involved with the Komets while on ice, off ice, or in the community.

All participants are expected to maintain strict confidentiality pertaining to their role regarding matters discussed with other Komets participants. All participants are expected to act with integrity, high moral, self-control, and ethical standards.

All volunteers over the age of 18, **who support players**, must provide a Criminal Reference Check, including a Vulnerable Sector component every 3 years with a declaration in the remaining 2 years. Participants will be reimbursed for the police check expense with submission of receipt.

During all Komets activities and events and within the community, participants are expected to refrain from behaviours that reflect on the Komets or the sport of hockey in a negative manner.

This includes but is not limited to:

- No alcohol by any player
- No use of non-medicinal drugs (unless proof of prescription from a medical practitioner)
- No profane language
- No tobacco, cannabis or vaping products by minors
- No behaviour that may be considered disrespectful, offensive, abusive, racist or sexist
- No engaging in illegal activity
- No engaging in behaviour that interferes with any player's or team's preparation for competition, competition itself or that endangers the safety of others.
- No Illegal conduct – any activity that may be perceived as illegal, whether or not there has been a formal charge made.
- No Behaviour Problems – any person behaving in a manner that is inherently dangerous to themselves or others. This includes violent acts, harassment, or behaviour which impact the integrity of the Komets
- No other conduct unbecoming

Social Media forums have extended the definition of the code of conduct and have created a new term known as "cyberbullying" (www.cyberbullying.ca). The Code of Conduct defines the terms "Harassment", "Abuse" and "Bullying". Cyberbullying is the use of information and communication

technology and websites in a manner that satisfies these definitions. Komets participants are expected to refrain from communication behaviours that reflect on The Komets or the sport of hockey in a negative manner. This includes but is not limited to:

- Allowing all announcements and social media releases to come from The Kawartha Komets Special Needs Hockey Social Media Team
- Participants/Parents/Guardians must communicate in a timely manner when responding to Komets' emails
- Keeping up to date on the Komet's Website and other Social Media for news and information
- Conducting yourself appropriately when using any form of electronic communication including but not limited to, Facebook, YouTube, email, and Twitter.
 - Communication must not:
 - Offend, intimidate, humiliate, or bully another person
 - Be misleading, false or injure the reputation of another person
 - Disclose participants private information
 - Bring the organization into disrepute or damage its' reputation and standing
 - Participants are not permitted to use social media forums to do what they are otherwise not permitted to do elsewhere as stated in the code of conduct.
 - Display any other conduct unbecoming

Non-Compliance

The Komets have sole and absolute discretion as to any disciplinary actions to be taken if a person violates the Code of Conduct. Participants who fail to comply with the Code of Conduct will face disciplinary action. The disciplinary action will be decided by the Board which may or may not include convening a Disciplinary Review Committee. The Disciplinary Review Committee may consist of a combination of board members, relevant community representatives or volunteers. Discipline could range from verbal warning to immediate dismissal and may include if necessary being banned from Komets events.

In addition to above, Volunteers have the responsibility of ensuring all risk management, confidentiality and policies/procedures are followed to maintain not only the safety and protection of its players, but the Kawartha Komets Program as a whole. Volunteers that put players or the program at risk will face disciplinary action.

I will abide by the code of conduct and look forward to another season with the Komets Program

Print name

signature

date