COLD LAKE MINOR HOCKEY

MANAGER "BINDER"

PACKAGE

JAGS

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1.

CONTACT INFORMATION

Cold Lake Minor Hockey

Website: CLMH.com

Phone 780-639-8880

EXECUTIVE 2026/2027 SEASON:

Melissa Coggar	President	president@clmh.com
Will Scheitel	Vice President Operations	vphockeyops@clmh.com
Christie Peddle	Vice President Business	vpbusiness@clmh.com
Ryan Small	Director At Large	director_at_large@clmh.com
Connie Harrison	Ice Scheduler / Admin	clmhadmin@clmh.com
Brad Revell	U18 Director	U18@clmh.com
Gord Coggar	U15 Director	U15@clmh.com
Eric Howatt	U13 Director	U13@clmh.com
Matt Donovan	U11 Director	U11@clmh.com
Brad Nash	U9 Director	U9@clmh.com
Marc Pereira	U7 Director	U7@clmh.com
Darren Sakowich	Female Director	female@clmh.com
Lee Angelopoulos	Regional Director	regional@clmh.com
Jeff Burt	Devep/Coach Director	development@clmh.com
Jana Huber	Equipment Manager	equipment@clmh.com
Bonnie Wood	Pond	pond@clmh.com

Connie Harrison Registrar registrar@clmh.com

The CLMH website is a very useful place to find all the items highlighted in this manual, please use it. The CLMH Bylaws, regulations, all forms, links, contact information is all there.

Other Important Links:

NEAHL League	**https://neahl.ca/**
Hockey Alberta	**https://www.hockeyalberta.ca/**
East Central Alberta Female Hockey League	**https://ecafhl.com/**

Ice Information

Hello Managers and Coaching staff! Here is some information regarding ice for this season.

Ice time

1. The schedule is posted online to our website and will be updated regularly. Managers are expected to verify their time slots for each week and if they notice any errors, contact the scheduler for correction/clarification.
2. Changes or cancellations must go through the ice scheduler.
3. Changes or cancellations must be in to the scheduler by Wednesday's at 11:30am. Any cancellations need to be in 48 hours prior to the scheduled event. If under that, there are costs to the team unless deemed acceptable by the association.
4. Make up games will be done through the ice scheduler
5. If ice goes unused and has not been cancelled within the required time, teams will be responsible for fees (ice and refs) incurred by CLMH. The only exception to this will be if ice goes unused due to unforeseen circumstances such as adverse weather conditions. Cancelations due to weather must be done through the league governors as well.
6. If game cancellations happen due to weather issues, teams should still try to use that ice for a practice or scrimmage so it does not go unused and sit empty.

Tournaments

1. Polar Cup (U7) and Frostbite (U9) are the only divisions to host annual tournaments. Other divisions are booked when/if ice is available and on alternating seasons. (i.e. U11/U15 will host one season, U13/U18 will host the next). Any teams booking tournaments will be required to secure dates with a $200 deposit.

Arena

1. Any concerns regarding ice that may arise while you are at the facility should not be discussed with the operators. They are employees and cannot change schedules. Please forward any concerns to the ice scheduler or CLMH and we will discuss it with the appropriate facility.
2. We ask that coaches and managers not contact the facilities regarding ice.

Referees

1. Only the Ice Scheduler can book referees for CLMH scheduled games be it Exhibition, League, or Tournament Play.

Contact Information
Connie Harrison
clmhadmin@clmh.com

Have a safe and happy season!

2.

Travel Permits, Sanction Numbers & Game Sheets

The CLMH internal process for Sanction Numbers and Travel Permits for each Season will be:

Email Connie at **registrar@clmh.com**, CC your division director, and ensure you list as below:

Sanctions:

- **Team Name**
- **Division**
- **Team ID #**
- **Manager Email**
- **Date/Location**
- **Visiting Team Name**
- **Visiting Team ID Number**
- **Visiting Team Manager Email**

Travel Permits:

- **Team Name**
- **Division**
- **Team ID #**
- **Manager Email**
- **Date(s)**
- **Traveling To**
- **Sanction Number**
- **Number of Games**
- **Exhibition/Festival/Tournament**

Registrar will apply for the Permit or Sanction via Hockey Alberta's website.

Once Approval has been received, it will be forwarded to the team manager and the division director will be CC'd.

Deadline for Travel Permit & Sanction Number Requests is Tuesday the week of travel.

The following outlines all the rules/requirements for Permits & Sanctions by Hockey Alberta.

Exhibition Games

- All exhibition games must be sanctioned by Hockey Alberta. THE HOME TEAM IS RESPONSIBLE FOR APPLYING FOR THE SANCTION NUMBER. There are no exceptions.
- Exhibition Games are automatically applied and approved through the sanction website.
- If there is a change, i.e. opposing team, you ***must*** apply for a new sanction and notify me of the change so I can remove the old sanction.
- U7 and U9 do not require sanctions when playing home teams as they share an HCR Number.

Travel Permits

- Travel Permits are required for **ANY** exhibition games outside of the province, as well as all Tournaments that you are attending outside of Cold Lake.
- Any League, Tiering, League Game or Playoff Game does not require a travel permit.

Travelling for Edmonton Oilers Experience/Oil Kings Games

Send the following information to the registrar:

- Team Name
- Team ID Number
- Date & Time of event
- Address
- Dates of Travel

Hosting a Tournament in Your Region

- All tournaments must be sanctioned.
- When you are hosting, if there is an incident/write up during the tournament please forward to the discipline contact below ASAP. Please include the team managers email when you are sending it.
- At the end of the tournament, you are required to submit all game sheets within 24 hours.

Attending Out of Town Tournaments

- Travel Permit is required.
- During the tournament, the applicable zone coordinator will administer suspensions, with exception of the last game.
- You must submit your tournament game sheets within 24 hours after completion of the tournament.
- Note that all game sheets will be reviewed and if any suspensions were missed, they will be assessed and notified.

Game Sheet Submissions

- U7 & U9 do not require game sheets. There is a one pager that can be used if teams want. A copy will be included in the manual.
- **Tournament and provincial game sheets must be submitted within 24 hours online through your sanction approval.**
- Game sheets not submitted on time may result in future permits and sanctions suspended.

CONTACT INFORMATION, ZONE 2, HOCKEY ALBERTA:

Hockey Alberta
ZONE 2 DISCIPLINE AND SANCTIONS
disciplineNE@hockeyalberta.ca

All teams must provide a change of game form (NEAHL/ECAFHL) if they have changed a league game for any reason. Should CLMH receive a bond assessment because a team did not properly reschedule a league game the team will pay the League fine.

TRAVELLING WITHOUT AN APPROVED TRAVEL PERMIT CAN LEAD TO DISCIPLINARY ACTION AGAINST COACHES AND MANAGERS.

Score Clock Instructions – Imperial Oil Place Arena

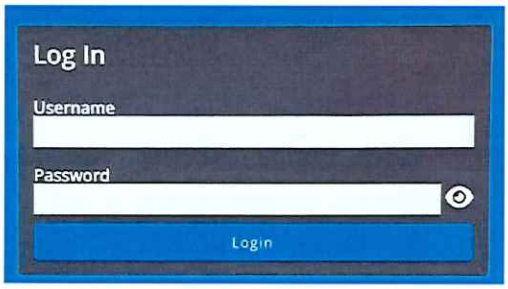
Sign out iPad from the Energy Centre Front Desk staff

Plug iPad into wire labelled: All Sport Pro – located in the timekeeper's box.
Game clock will work using the Daktronics box – located in the timekeeper's box.

iPad password: dakpass7
Click the All Sport Pro application on the home screen.

AllSportPro

Login in using the Username & Password.



Username – **ECIOP**

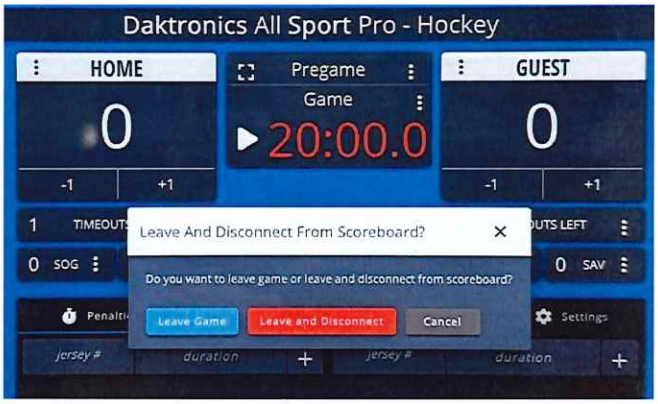
Password - **Energycentre2026**

Once logged in click Add new.

Select your sport → Scroll until you see your organization → Select IOP Rink & Create

This will open the scoreboard.
Here you will be able to control the scoreboard by clicking on the three dots next to each section.

To end a game, click the three lines on the top left corner and click Games on the drop-down menu. Doing so will bring you to the following screen.



Clicking 'Leave and Disconnect' will disconnect the scoreboard and end the game.
Clicking 'Leave Game' will bring you back to the homepage but also allow you to go back to the current game.

Setting Time of Day;

Before logging out do the following;

Click the icon on the top right corner of the screen → Click 'Power, Restart & Confirm'

This will reboot the system and display the time of day on the scoreboard.

Click logout & return iPad to Energy Centre Front Desk

DATE: ARENA: GAME #:

LEAGUE:

GAME NOTES SCRATCHPAD

SCOREKEEPER:

TEAM NAME:			GOALS		TEAM NAME:					NOTES
Home Scoring					Visitor Scoring					H ROSTER #: ____ V ROSTER #: ____
No.	Period	Time	Goal	Assist	No.	Period	Time	Goal	Assist	
1					1					
2					2					
3					3					
4					4					
5					5					
6					6					
7					7					
8					8					
9					9					
10					10					
11					11					
12					12					
13					13					
14					14					
15					15					
16					16					

PENALTIES													
Home Penalties							Visitor Penalties						
Per	#	Serv	Offence	Min	Start	On	Per	#	Serv	Offence	Min	Start	On

3.

CLMH Jersey Policy

1. **JERSEYS MUST NOT GO HOME WITH PLAYERS** Managers are provided with 2 complete sets of jerseys(U11+) in separate jersey bags. If you have any issues with a jersey or bag please report it to the equipment director prior to your first skate. All jerseys must be kept together and looked after by a volunteer parent(s) for the season.
2. **THE TEAM WILL BE CHARGED FOR ANY REPAIRS OR REPLACEMENT COSTS ON A JERSEY THROUGHOUT THE SEASON** Please let the equipment director know immediately if your team requires repairs or replacements. At the beginning of the year, collect jersey deposit cheques from every player, payable to CLMH for $200 ($100 for only 1 jersey such as U7 and U9 and U11 Atomc). These cheques will only be cashed if there is any damage outside of normal wear and tear or a jersey is not returned.
   *if you are also signing out goalie gear, there will be a $400 deposit cheque required, with the same conditions
3. **C's and A's and Name Bars**
   Each year jerseys are damaged because of the C's and A's. Do not use fabric glue or iron-on materials. Name bars, along with 'C's and/or 'A's can ONLY be sewn on at K3 Promotions, and likewise, can ONLY be removed at K3 Promotions. Instructions for K3 have been added to the manager package.

4. **Care Of Jerseys**
   - Air out the jerseys as much as possible to prevent mould. Never zip up the jersey bags with wet jerseys
   - Wash the jerseys frequently to avoid yellowing and rust stains, as well as to help keep the change room atmosphere more tolerable
   - Wash in COLD or WARM water with soap and softener
   - DO NOT USE BLEACH
   - Do NOT use a clothes dryer, hang separately to dry (they usually take about 1 hour to dry hanging

RETURN OF UNIFORMS

1. Wash all jerseys, or use the K3 jersey cleaning service prior to returning.
2. Place all jerseys with numbers in order inside the bag before returning.
3. Please make equipment director aware of any potential problems with a jersey such as a tear or peeling so they can be repaired PRIOR to next season.
4. All jerseys need to be returned to the Equipment Director no later than 14 days past your teams last official ice time. No exceptions will be made.

K3 Promotions

5112 55th Street, Cold Lake AB, T9M 1R1 Ph: 780-594-4633 Fax: 780-594-4636

Team Managers,

Welcome back to another great year of minor hockey! We take great pride in being able to help your team with your hockey needs, whether its name bars for your jerseys or swag for your team, we are ready to help. Jersey drop-off can be a chaotic time for your self and us. To help everybody stay organized we have created some pointers. If you could please follow the list below, it will make the process faster with fewer mistakes. We have included an example of what a printed list should include. It is just for reference, feel free to make your own.

1. Please wash jerseys before bringing them in. Krazee Klean is still offering to clean jerseys for free. Drop-offs are on Tuesdays and Thursdays before 9 a.m. Please plan accordingly.
2. If jerseys are needed for Friday, they must be brought in on Monday to guarantee they are ready. They are completed on 1st come 1st serve basis. We strive to complete every team brought in during the week.
3. Only printed name lists will be accepted. This helps with us not making spelling mistakes, trying to read handwritten lists.
4. Old, worn names bars, or ones with lots of threads will not be accepted as they are hard to sew on, this will be at K3's discretion which ones will be acceptable. Please do not hesitate to ask.
5. Please give first and last name of manager, team name and phone number. So we can tag the bags, and have less confusion.
6. The amount of jerseys that team managers bring in is what they will be getting invoiced for. Any missing jerseys from a team will be the responsibility of the parent to bring in and prepay for themselves. This will help us with invoicing and getting the jerseys done faster.
7. Black name bars will be done on black jerseys. White name bars will be on white jerseys. Coloured jerseys will be at the discretion of K3. Unless name bars are provided, or team manger indicates otherwise.
8. NEW! Pricing structure this year has changed.
   Sewing & Removals -$15.75 incl GST (no exemptions for removals)
   Name bars- $12.60 incl GST
   Sponsor bars-$ 17.85 incl GST
   C&A's with sewing - $7.50 incl GST

Please do not hesitate to call us with any questions or concerns. 780-594-4633.

Thank You!

K3 Promotions Staff

K3 Promotions

5112 55th Street, Cold Lake AB, T9M 1R1 Ph: 780-594-4633 Fax: 780-594-4636

Example of typed list.

Jersey number	Player LAST name	White bar/ Black lettering Have or need	Black bar/ White lettering Have or need	Blue bar/ white lettering Have or need
1	Scanie	Have	Have	
3	Desjarlais	Need	Have	
4	Daniels	Need	Need	
10	Price	Have	Need	
13	Howard	Need	Need	

4.

Budgets

Budget preparation is mandatory for every team and must be emailed to vpbusiness@clmh.com

Budgets must be completed 3 times a season; November 15 (preliminary) January 15 (mid season) and April 15 (final).

A budget worksheet is included in the manual and accessible on our website, however you can create a spreadsheet of your own asl long as it includes all required information.

When preparing your budget please keep in mind the goal is to fundraise to assist teams to pay for tournament fees and travel costs.

Any funds raised using AGLC (Raffle, 50/50, etc.) needs to have funds distributed at the team level, not refunded to parents. Make sure to follow rules outlined by AGLC.

AGLC Licences are to be pulled under an individual parent/team name. You are NOT permitted to use CLMH AGLC number or name for your licence.

Banking

Teams are to open a bank account in the team's name and with 2 signors on the account, not spouses or significant others. No personal accounts are to be used.

Teams can choose which bank they open an account at. Both ATB and Scotiabank need "meeting minutes" from a parent meeting showing opening an account was discussed and voted on in agreement with which 2 people as signors. It may be a good idea to have the coach sign it.

Most banks will require to set you up with a profile if you do not bank with them, ATB does have DocuSign capabilities.

TEAM BUDGET
SEASON: _____

Team Name_____

Budget as of_____

Incoming funds:

Parent Contributions	
Fundraising: Bottle drives, bake sales, etc	
Sponser Bars	
Total incoming Cash	$ -
Team Costs	
Tournament Fees	
Travel Costs	
Team Meals	
Team Clothing	
Team functions	
Total Costs	$ -
*Cash left at End of Season	$ -

***This should be Zero, the goal is to raise what the team requires, to plan for all costs and only raise what is required.**

5.

MINOR HOCKEY EXPERIENCES

PRESENTED BY RONA

BE A PRO

50 LOWER OR 75 UPPER BOWL TICKETS MINIMUM PURCHASE PER TEAM
PLAY LIKE AN OILER ON ROGERS PLACE ICE! EXPERIENCE INCLUDES THREE 15-MINUTE PERIODS, PRE-GAME LIGHT SHOW, PA ANNOUNCEMENTS AND MUCH MORE! PLAYED ON NON-OILERS GAMEDAY.

HIGH FIVE TUNNEL

45 LOWER OR 55 UPPER BOWL TICKETS MINIMUM PURCHASE
CHEER ON AND HIGH-FIVE YOUR FAVOURITE OILERS AS THEY COME ON OR OFF OF THE ICE FOR PRE-GAME WARMUP. SOME GROUP LIMITATIONS APPLY.

HALL OF FAME DRAFT

45 LOWER OR 55 UPPER BOWL TICKETS MINIMUM PURCHASE
WALK ACROSS THE STAGE AND BECOME AN HONORARY EDMONTON OILERS DRAFTEE IN THE OILERS HALL OF FAME ROOM.

RESERVE YOUR SPOT NOW

EDMONTON OIL KINGS MINOR HOCKEY EXPERIENCES

FLAG BEARERS

BE THE CENTER OF ATTENTION AS YOU PRESENT OUR ENORMOUS CANADA, ALBERTA, OR JERSEY FLAG ON THE ICE DURING OUR PRE-GAME CEREMONY!

BENCHWARMERS

WATCH YOUR FAVOURITE EDMONTON OIL KINGS PLAYERS PREPARE FOR THE GAME UP CLOSE AS YOU ENJOY THE ENTIRE PRE-GAME WARM-UP FROM THE PLAYER BENCHES!

TOP SHELF SHOOTOUT

BRING YOUR TEAM ONTO ROGERS PLACE ICE AND TEST YOUR SHOOTOUT SKILLS! DURING AN INTERMISSION EACH MEMBER OF YOUR TEAM WILL GET THE CHANCE TO COMPETE IN A SHOOTOUT IN FRONT OF THE OIL KINGS CROWD!

ROGERS PLACE ICE TIME

PLAY ON ROGERS PLACE ICE LIKE A BIG LEAGUER! SECURE YOUR ICE TIME ON AN OIL KINGS GAMEDAY FOR YOUR TEAM!

LIMITED SLOTS REMAIN! ACT FAST!

SCAN THE QR CODE
TO BOOK YOUR GROUP TODAY

COLD LAKE ENERGY CENTRE

FACILITY USE REMINDERS

To help ensure a safe, respectful, and enjoyable experience for all users, please review the following facility guidelines.

NO PUCK OR BALL PLAY IN HALLWAYS

For everyone's safety, puck and ball play is not permitted in hallways or common areas. Keep all play within the designated playing areas.

ARENA BENCHES

Please do not enter the arena benches until the flood before your booking. User groups are not permitted on the benches or in the arena during another group's rental time. Respect all booking times and allow the current group to finish their rental.

ASSIGNED DRESSING ROOMS

Please use only the dressing room assigned to your group. Dressing room assignments are posted throughout the facility. Do not use another group's assigned room.

REID FIELD HOUSE

Please do not enter the field house floor until your scheduled rental time. Early access is not permitted, as the space may be in use by another group.

CHILDREN UNDER 13

All children under the age of 13 must be accompanied by an adult at all times. Children are not permitted to run or roam throughout the facility without adult supervision.

PARKING & UNLOADING

Please park in the designated/allotted parking lots only. If you require an unloading pass, please see the Front Desk for assistance.

CNRL WALKING TRACK

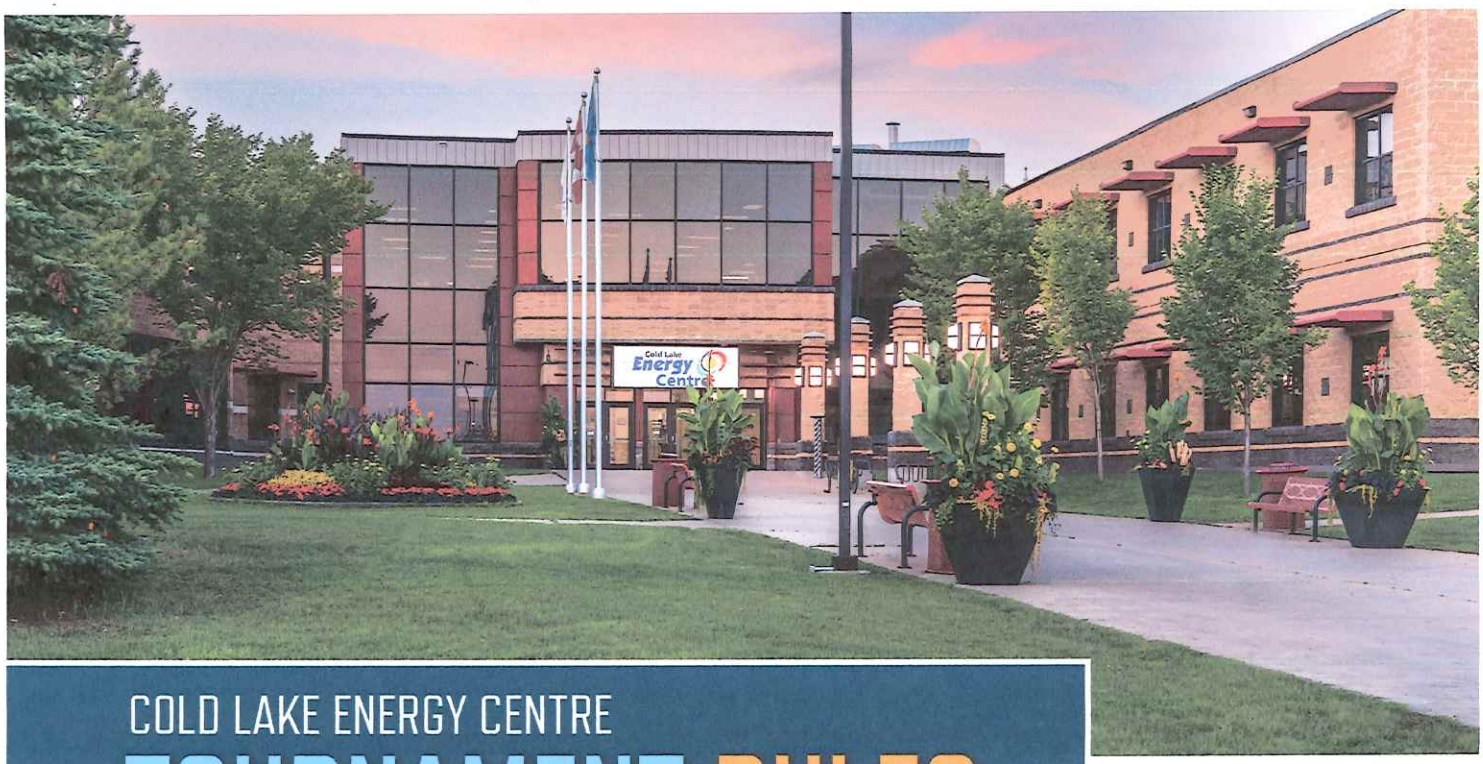
The walking track may be used for warm-ups, but please be respectful and mindful of members of the public who are also using the track.

thank you for helping us keep the facility safe, organized, and enjoyable for everyone!

Cold Lake Energy Centre, 7825 52 Street, Cold Lake AB T9M 0B6
Email: energycentre@coldlake.com or phone: 780.639.6400

Cold Lake Energy Centre

City of Cold Lake



COLD LAKE ENERGY CENTRE
TOURNAMENT RULES

Thank you for choosing the Cold Lake Energy Centre for your tournament. We welcome you to our facility!

- Hang signs, posters, or tournament draws on IOP glass or borrow our whiteboard. **Do NOT hang on walls.**
- Storage space can be rented starting the night before the tournament start date.
- Tournaments can run a market, with a max of 40 tables. Please refer to Vendor Market Policy for more information.
- Tournaments can use tables for a raffle/ registration and are included in the rental cost. Table numbers and layout must be submitted by Wednesday of the tournament weekend.
- Dressing rooms cannot store bags or equipment overnight.
- Facility staff will allocate dressing rooms for the tournament. If the tournament is providing their own schedule, it must be submitted by the Friday, minimum one week prior, to the tournament.
- All information regarding the tournament must be submitted by the Friday, minimum one week prior, to the tournament. This includes floods every second period, straight time, etc.
- The final schedule/team draw must be submitted by 3:00 pm Wednesday of the tournament week. No exceptions.
- The Energy Centre cannot advertise tournaments on the digital indoor or outdoor screens. Posters can be hung on the public bulletin boards located at each facility entrance.

Cold Lake Energy Centre, 7825 52 Street, Cold Lake AB T9M 0B6
Email: energycentre@coldlake.com or phone: 780.639.6400

Cold Lake Energy Centre

City of Cold Lake

COLD LAKE ENERGY CENTRE

VENDOR MARKET POLICY

This policy outlines the requirements and expectations for vendor markets hosted in the Energy Centre as part of an arena booking.

Responsibilty & Communication

- The market organizer must ensure they are aligned with Alberta Health Services.
- The renter (agreement holder) is fully responsible for the management of the vendor market.
- The market organizer is responsible for obtaining a business licence for a public market.
- The renter is the sole point of contact with all market vendors. All vendor communication must be managed directly between the renter and their vendors.
- The Energy Centre will communicate only with the renter regarding market operations.

Market Hours & Scheduling

- Hours must be provided a **mimimum one (1) week** prior to event.
- Hours must be clearly posted and strictly adhered to.
- Set-up may begin when the Energy Centre opens on market day.
- A maximum of **two (2) hours** is allotted for tear-down after the market closes.

Tables and Equipment

- Tables required for the tournament are included in the renter's agreement.
- Market tables are **not** included in the renter's agreement.
- Tables provided for the market will be included in the renter's final invoice based on the confirmed table count.
- Once the final table numbers are confirmed and set up, those numbers will be charged to the renter regardless of usage.
- Final table counts and layout must be submitted to the Energy Centre **no later than the Wednesday prior** to the tournament start date.
- A **maximun of forty (40) tables** are permitted in the hallway for each event.

Facility Use & Approval

- The Energy Centre reserves the right to deny vendor markets based on facility needs, scheduling conflicts, or other operational considerations.

Cold Lake Energy Centre, 7825 52 Street, Cold Lake AB T9M 0B6
Email: energycentre@coldlake.com or phone: 780.639.6400

Cold Lake Energy Centre

City of Cold Lake

6.

Team Procedure for Resolving Issues, Concerns, Complaints and Grievances.

Unless otherwise specified, the procedure for resolving issues, concerns, complaints and grievances in CLMH is to take them through the following levels in order:

- Team Manager
- Coach
- Division Director
- Vice President Hockey Operations
- President (by way of Informal/Formal Process)
- Discipline Committee
- Executive Committee

At the first parents meeting for the team, each coach/manager will outline their manner of dealing with parent's issues, concerns, complaints, etc. The manager and coach have ultimate responsibility for the team and will keep good communication with parents.

In the event a Coach and Manager are spouses/significant others or related in any way, it would be wise to appoint a parent liaison for parents to come to with issues, concerns or complaints without concern of the outcome.

CLMH has a 24-hour policy prior to complaints being made. Following correct procedures outlined by a coach/manager and following the associations 24-hour rule will result in a better discussion and more effective resolution to the issue.

Should the coach/manager not be able to provide a resolution, then a parent has the right to elevate the concern to the next level in the chain. At this point, all issues, concerns, complaints and Grievances should be IN WRITING with the following information included:

- Full Name
- Contact Information
- Name of individual alleged to have committed the Infraction (if applicable)
- Date/Location of infraction/incident
- Division
- Summary of issue, concern, complaint or grievance
- Name and Contact of other individuals who may have information regarding infraction/incident (witnesses may be asked to attend a hearing if necessary)

At each level, the complainant shall be given a written answer within 10 days.

CLMH recognizes the need for privacy and discretion in the gathering of information to respond to a complaint. The name of the complainant will be held in confidence whenever possible, except in the case where a complaint is made against and individual. Then the person being complained about has the right to know who their accuser is.

Should the Disciplinary and/or Executive Committee's answer to an issue, concern, complaint or grievance not satisfy the complainant they may appeal the decision for a fee.

CLMH will not entertain lawyers present at Executive meetings, with the exception of a lawyer representing CLMH.

PLEASE NOTE THAT APPENDIX A & B OF OUR BYLAWS ARE LOCATED ON OUR WEBSITE AND CAN BE USED TO CLARIFY ANY ISSUES WITH REGARD TO THE COMPLAINT/DISCIPLINE PROCESS.

Complaints about referees must be made in writing by team management and sent to your Division Director. If it is felt by the Director that a complaint is warranted, it will be passed on to the Referee In Chief. Team members, team representatives or parents AT NO POINT are permitted to enter any official's dressing room.

CLMH has a Zero Tolerance Policy towards Referees, Facility Staff, volunteers or fans.

At no point in time are parents to contact the NEAHL or ECAFHL directly with complaints. They have a chain of command document of their own, and will hand out fines to associations if this is ignored. **ANY FINES INCURRED TO THE ASSOCIATION DUE TO A PARENT IGNORING PROPER PROTOCOLS WILL BE CHARGED TO THE TEAM THE PARENT HAS A PLAYER ON.**

7.

COLD LAKE MINOR HOCKEY ASSOCIATION

PARENT'S PLEDGE

It is the intention of this pledge to promote proper behaviour and respect for all participants within the Association. All parents **must** sign this pledge before being allowed to participate in hockey and must continue to observe the principles of Fair Play. CLMHA Executive will deal with violation to this code and the appropriate discipline will be implemented, which is stated in the CLMHA Constitution and Bylaws.

CODE OF CONDUCT **FOR PARENTS**

1. I will not force my child to participate in hockey.
2. I will remember that my child plays hockey for his or her enjoyment, not mine.
3. I will encourage my child to play by the rules and to resolve conflict without resorting to hostility
4. I will teach my child that doing one's best is as important as winning, so that my child will never feel defeated by the outcome of the game.
5. I will make my child feel like a winner every time by offering praise for competing fairly and hard.
6. I will never ridicule or yell at my child for making a mistake or losing a game.
7. I will remember that children learn by example. I will applaud good plays and performances by both my child's team and their opponents.
8. I will never question the official's judgement or honesty in public. I recognize officials are being developed in the same manner as players.
9. I will support all efforts to remove verbal and physical abuse from children's hockey games.
10. I will **respect** and **show appreciation** for the **volunteers** who give their time to hockey for my child. Any type of abuse or harassment towards team officials, players, referees, executive members or other members of this organization will not be tolerated and will be dealt with by a Disciplinary Committee.
11. I will remember that **officials** are there for the benefit of the game. I will accept their decisions and show them respect.

I agree to abide by the principles of this **CODE** as set and supported by this Association.

I also agree to abide by the rules, regulations and decisions as set for this Association.

PRINT NAME: _____ PARENT SIGNATURE _____

PRINT NAME: _____ PARENT SIGNATURE _____

DATE: _____

CLMHA Player Medical Information Sheet

Player's Name : _____

Health Care Number _____ Family Physician Name _____

Please circle the appropriate response for each of the following:

Yes	No	Previous history of concussions
Yes	No	Fainting or nausea during exercise
Yes	No	Epilepsy
Yes	No	Requires glasses
Yes	No	Are lenses shatterproof
Yes	No	Wears contact lenses
Yes	No	Wears dental appliance
Yes	No	Hearing problems
Yes	No	Asthma
Yes	No	Trouble breathing during exercise
Yes	No	Heart condition
Yes	No	Diabetes
Yes	No	Has had an illness lasting more than a week in the past year
Yes	No	Medication
Yes	No	Allergies
Yes	No	Wears medic alert bracelet or necklace
Yes	No	Surgery in the last year
Yes	No	Has been hospitalized in the last year
Yes	No	Has required medical attention in the last year
Yes	No	Presently injured
Yes	No	Any other health concerns that the coaching staff should know about

Please give details if you answered YES to any of the above items or if you have any concerns not listed:

_____

_____

_____

Your physician should check any medical condition or injury before participating in a hockey program.

It is your responsibility as a parent to keep the team management advised of any change in the above information as soon as possible.

In the event that the player's parents or guardians cannot be contacted, the team management has my permission to take my child to a hospital / MD if they deem necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize the release of necessary medical information to appropriate people (physician, coach) as deemed necessary.

Signature: _____ Date: _____

HOCKEY CANADA INJURY REPORT

See reverse for mailing address.

Forms must be filled out in full or form will be returned. This form must be completed for each case where an injury is sustained by a player, spectator or any other person at a sanctioned hockey activity.

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: ___/___/___ (Mo. Day Yr.)

INJURED PARTICIPANT: ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator

Name: _____ Birthdate: ___/___/___ (Mo. Day Yr.) Gender: ☐M ☐F

Address: _____

City / Town: _____ Province: _____ Postal Code: _____ Phone: (___) _____

Parent / Guardian: _____ Email Address: _____

AGE DIVISION

☐Under-7 ☐Under-9 ☐Under-11 ☐Under-13 ☐Adult Rec
☐Under-15 ☐Under-18 ☐Under-21 ☐Junior ☐Senior

CATEGORY

☐AAA ☐A ☐BB ☐CC ☐DD ☐House ☐Minor Junior
☐AA ☐B ☐C ☐D ☐E ☐Major Junior ☐Other _____

BODY PART INJURED

Arm:		Leg:		Head:	Trunk:	Back:
Left	Right	Left	Right	☐ Eye Area	☐ Abdomen	☐ Neck
☐ Shoulder	☐ Shoulder	☐ Shin	☐ Shin	☐ Face	☐ Chest	☐ Lower
☐ Upper arm	☐ Upper arm	☐ Knee	☐ Knee	☐ Throat	☐ Ribs	☐ Upper
☐ Collarbone	☐ Collarbone	☐ Toe	☐ Toe	☐ Skull	**Pelvis:**	
☐ Elbow	☐ Elbow	☐ Thigh	☐ Thigh	☐ Dental	☐ Hip ☐ Groin	
☐ Hand/Finger	☐ Hand/Finger	☐ Foot	☐ Foot	**Other:**		
☐ Forearm/Wrist	☐ Forearm/Wrist					

NATURE OF CONDITION

☐Concussion ☐Laceration ☐Fracture
☐Sprain ☐Strain ☐Contusion
☐Dislocation ☐Separation ☐Internal Organ Injury

ON-SITE CARE

☐ On-Site Care Only ☐ Refused Care

Sent to Hospital by: ☐Ambulance ☐Car

INJURY CONDITIONS

Name of arena/location: _____

☐ Exhibition/Regular Season ☐ Period #2
☐ Playoffs/Tournament ☐ Period #3
☐ Practice ☐ Overtime: _____
☐ Try-outs ☐ Dry Land Training
☐ Other ☐ Gradual Onset
☐ Warm-up ☐ Other Sport
☐ Period #1 ☐ Other: _____

CAUSE OF INJURY

☐ Hit by Puck
☐ Collision with Boards
☐ Non-Contact Injury
☐ Hit by Stick
☐ Collision on Open Ice
☐ Collision with Opponent
☐ Fall on Ice
☐ Checked from Behind
☐ Collision with Net
☐ Fight
☐ Blindsiding

Was the injured player in the correct league and level for their age group?
☐ Yes ☐ No

Was this a sanctioned Hockey Canada activity?
☒ Yes ☐ No

LOCATION

☐ Defensive Zone ☐ Offensive Zone ☐ Neutral Zone
☐ Behind the Net ☐ 3 ft. from Boards ☐ Spectator Area
☐ Parking Lot ☐ Dressing Room ☐ Bench
☐ Other: _____

WEARING WHEN INJURED

☐ Full Face Mask
☐ Helmet/No Face Shield
☐ No Helmet/No Face Shield
☐ Intra-Oral Mouth Guard
☐ Half Face Shield/Visor
☐ Throat Protector
☐ Short Gloves
☐ Long Gloves

ADDITIONAL INFORMATION

Has the player sustained this injury before? ☒ Yes ☐ No

If "Yes" how long ago? _____

Was a penalty called as a result of the incident? ☐ Yes ☒ No

Estimated absence from hockey?
☐ 1 week ☐ 1-3 weeks ☐ 3+ weeks

DESCRIBE HOW INCIDENT HAPPENED

(Attached additional page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: _____
(Parent/Guardian if under 18 years of age)
Date: _____

TEAM INFORMATION

(To be completed by a Team Official)

Association: _____

Team Name: _____

Team Official (Print): _____

Team Official Position: _____

Signature: _____

Date: _____

HEALTH INSURANCE INFORMATION

THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED

Occupation: ☐ Employed Full-time ☐ Employed Part-time ☐ Unemployed ☐ Full-Time Student

Employer (If minor, list parent's employer): _____

1. Do you have provincial health coverage? ☐ Yes ☐ No Province: _____

2. Do you have other insurance? ☐ Yes ☐ No
(IF "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.)

3. Has a claim been submitted? ☐ Yes ☐ No
(IF "YES", PLEASE FORWARD PRIMARY INSURER EXPLANATIONS OF BENEFITS.)

Make Claim Payable To: ☐Injured Person ☐Parent ☐Team ☐Other: _____

MEMBER APPROVAL

HOCKEY CANADA INJURY REPORT

Participant's name: _____

PHYSICIAN'S STATEMENT

Physician: _____ Address: _____ Tel: (____)_____

Name of Hospital / Clinic: _____ Address: _____

Nature of Injury:

Date of First Attendance: _____

Claimant will be totally disabled:
From: _____ To: _____

Is the injury permanent and irrecoverable? ☐ No ☐ Yes

Give the details of injury (degree):

Prognosis for recovery:

Did any disease or previous injury contribute to the current injury?
☐ No ☐ Yes (describe):

Was the claimant hospitalized? ☐ No ☐ Yes
(give hospital name, address and date admitted):

Names and addresses of other physicians or surgeons, if any, who attended claimant:

I certify that the above information is correct and to the best of my knowledge,

Signed: _____ Date: _____

DENTIST STATEMENT

Limits of coverage: $1,250 per tooth, $3,000 per accident. Treatment must be completed within 52 weeks of accident. (Effective September 1st, 2018)

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

Patient

Last name Given name

Address

City / Town Province Postal Code

Dentist

Phone No

I hereby assign my benefits payable from this claim directly to the named dentist and authorize payment directly to him / her

SIGNATURE OF SUBSCRIBER

For dentist use only – for additional information, diagnosis, procedures or special consideration.

DUPLICATE FORM ☐

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment. I acknowledge that the total fee of $_____ is accurate and has been charged to me for the services rendered.
I authorize release of the information contained in this claim form to my insuring company/plan administrator.

SIGNATURE OF (PATIENT/GUARDIAN) OFFICE VERIFICATION

DATE OF SERVICE MO. / DAY / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

This is an accurate statement of services performed and the total fee due and payable & oe.
NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.

TOTAL FEE SUBMITTED

PLEASE EMAIL COMPLETED FORM WITH SUPPORTING DOCUMENTS TO:

INJURYREPORTS@HOCKEYALBERTA.CA
For further information email
injuryreports@hockeyalberta.ca

8.

City of Cold Lake

WAIVER AND RELEASE OF LIABILITY

Thank you for choosing to use facilities, services or programs offered by the City of Cold Lake. The City of Cold Lake requires all users and participants to sign this Waiver and Release of Liability prior to participation.

Name: _____ Birth Date: _____

Address: _____

Phone #: _____ Alternate #_____

Email Address: _____

Please check if you would like to be added to our email contact list ❑

Emergency Contact:_____ Phone # _____

Course/Program/Activity	Course Date	Location

ASSUMPTION OF RISK

In consideration of being permitted to participate in the Activity, I ACKNOWLEDGE and AGREE to the following:

I ACKNOWLEDGE there are inherent risks in participating in the Activity. I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I have either had a physical examination and have been given a physician's permission to participate in the activity or have decided to do so without the approval of my physician.

MY PARTICIPATION in the Activity is purely voluntary and I elect to participate in the Activity in spite of the risks and accept all responsibility for my participation in the Activity.

I ASSUME AND ACCEPT ALL THE RISKS AND DANGERS associated with my participation in the Activity, including the possibility of collisions, slips, falls, accidents, illness, bodily contact, whether deliberate or accidental, personal injury, death, property damage, or other loss resulting therefrom.

I HEREBY WAIVE ANY AND ALL CLAIMS that I have or may in the future have against the City of Cold Lake, its elected officials, officers, agents, employees and representatives.

I HEREBY RELEASE FROM ANY AND ALL LIABILITY AND AGREE NOT TO SUE the City of Cold Lake, its elected officials, officers, agents, employees and representatives for any personal injury, death, property damage, health care costs, theft or other loss of any kind, that I might sustain as a result of or in any way connected to my participation in the Activity, due to any cause whatsoever **NOTWITHSTANDING** that the loss may have been contributed to or occasioned by the negligence of the City of Cold Lake, its elected officials, officers, agents, employees and representatives.

I UNDERSTAND that any rules and regulations pertaining to the Activity are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I CONFIRM that I am of the full age of 18 years, that I have had sufficient time to read and understand what I am agreeing to in this Waiver and Release of Indemnity before signing, that I have had the opportunity to seek independent legal advice, and I understand that the Waiver will be binding upon my heirs, next of kin, executors, administrators and successors.

MEDIA RELEASE Occasionally, opportunities arise where images of yourself or your children would be used in different media and in other promotional publications. By signing this form you agree to the use of these images by the City of Cold Lake in future media publications. If you do not wish your image used please notify the staff prior to or during the program.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CITY OF COLD LAKE FOR ANY LOSS OR INJURY I SUFFER FROM PARTICIPATING IN THE ACTIVITY.

Signed and dated this _____ day of _____, 20 _____.

_____ Signature of Participant

_____ Signature of Witness

Team/League Insurance Received:
Yes ☐

_____ Witness Printed Name

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.

City of Cold Lake

GROUP INFORMED CONSENT

Thank you for choosing to use facilities, services or programs offered by the City of Cold Lake. The City of Cold Lake requires the parent or guardian of all participants who are under the age of 18 (eighteen) years to sign this Informed Consent prior to participation.

ASSUMPTION OF RISK

In consideration of the child in my care being permitted to participate in the Activity, I ACKNOWLEDGE and AGREE to the following:

I am aware that there are physical risks associated with the child in my care's participation in the Activity, which include but are not limited to collisions, slips, falls, accidents, illness, bodily contact, whether deliberate or accidental, and physical injury. I understand that the choice to participate in the Activity brings with it the assumption of those risks and I accept all responsibility for the child in my care's participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting there from.

I understand and agree I am solely responsible for the child in my care's behavior and that the child in my care will obey all the rules and regulations pertaining to the Activity and all related activities. I understand that the rules and regulations are designed for the safety and protection of the participants and hereby undertake to ensure the participant abide by these rules and regulations.

I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I hereby warrant that the child in my care is physically fit to participate in the Activity.

I understand and agree that the City of Cold Lake, its elected officials, officers, agents, employees and representatives are not responsible for any injury, loss or damage of any kind sustained by the child in my care notwithstanding that the loss may have been contributed to or occasioned by the negligence of the City of Cold Lake, its elected officials, officers, agents, employees and representatives.

I acknowledge that I have had the opportunity to seek legal advice. If I choose to sign this Informed Consent without first seeking legal advice I am hereby choosing to waive the right to seek prior legal advice.

MEDIA RELEASE Occasionally, opportunities arise where images of yourself or the child in your care would be used in different media and in other promotional publications. By signing this form you agree to the use of these images by the City of Cold Lake in future media publications. If you do not wish your image or the image of the child in your care used please notify the staff prior to or during the program.

Team/League Insurance Received: Yes ☑

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City of Cold Lake

GROUP INFORMED CONSENT

I HAVE READ PAGE ONE OF THIS DOCUMENT AND I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CITY OF COLD LAKE FOR ANY LOSS OR INJURY SUFFERED BY THE CHILD IN MY CARE FROM PARTICIPATING IN THE ACTIVITY. MY SIGNATURE ALSO CONFIRMS THAT TO THE BEST OF MY KNOWLEDGE, I HAVE THE AUTHORITY AND LEGAL RESPONSIBILITY FOR THE PARTICIPANT.

Program: Date:

Time: Location:

Facilitator: Notes:

	Name of Participant	Signature	Emergency Contact Name	Emergency Contact Number
1				
2				
3				
4				
5				
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