

# Capital City Condors Hockey

## Participant Application Form

October 2010 – April 2011

Jack Charron Arena  
10 McKittrick Drive, Kanata  
Saturdays, 12:00-1:00pm



Participants are youth age 6 years and up at the time of registration. Only participants who have been deemed ineligible to play on any other team currently offered in the City of Ottawa will be considered.

Acceptance into the program is dependent on your child's needs and the number of volunteer coaches. You will be notified shortly as to your athlete's participation in the program.

Please return the completed and **SIGNED** application form and liability waiver form along with payment to:

**Capital City Condors**  
PO Box 24131  
RPO Hazeldean  
Kanata, ON  
K2M 2C3

### **PAYMENT:**

The registration fee to participate in the Capital City Condors hockey program is \$250.<sup>00</sup> per player.

Minimum payment of \$150 is due with the application, along with a post-dated cheque for the balance dated November 1, 2010. **Both cheques must accompany the application form. Cheques should be made payable to: Capital City Condors.**

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### **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_

Sex: Male \_\_\_\_ Female \_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_

Child's Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Address (if different from above):  
\_\_\_\_\_

Contact Number(s): Work \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best time to contact you for your ten minute 'registration interview':

Morning: \_\_\_\_ Afternoon: \_\_\_\_ Evening: \_\_\_\_

Best number at which to contact you:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL BACKGROUND:**

Any information provided in the medical and functional sections listed below will be treated with the strictest confidentiality. Should any information be passed beyond the directors and coaches, permission will be sought from the guardian or parent prior to releasing among team officials.

We encourage all families to have a proactive health care plan, including regular physical examinations. Capital City Condors Hockey will not assume any financial or legal responsibility for the health care of the athlete.

1. Medical Diagnosis \_\_\_\_\_

For Players with Downs Syndrome, please include test results for Atlanto-axial dislocation: <i>Positive</i> _____ <i>Negative</i> _____ (Please include a copy of the test results.)
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2. How does the medical diagnosis affect your child?

a) Physically \_\_\_\_\_

b) Cognitively \_\_\_\_\_

c) Socially \_\_\_\_\_

3. Medical Precautions (seizures, respiratory, medications, etc.)

\_\_\_\_\_

4. Allergies:

a. Drugs \_\_\_\_\_

b. Insect Stings or Bites \_\_\_\_\_

c. Food \_\_\_\_\_

d. Other \_\_\_\_\_

5. Any recent (within the last 5 years) serious injuries or operations?:

\_\_\_\_\_

**FUNCTIONAL OVERVIEW:**

1. Does your child require any equipment to perform everyday tasks (wheelchair, braces, etc.)?

\_\_\_\_\_

2. Describe your child's behaviour in terms of activity level, attention span, and impulsiveness:

\_\_\_\_\_

3. Please identify any triggers that may initiate negative behaviour:

\_\_\_\_\_

4. Please indicate any strategies/techniques/advice that you find useful in managing your child's behaviour:

\_\_\_\_\_

5. Please answer the following questions on a scale of 1 to 5  
(1 being dependent or very hard and 5 being independent or very easy)

		1	2	3	4	5
Level of Independence:	In mobility					
	In transfer (Floor to chair, etc.)					
Ability of your child to communicate with new people:	In General					
	To get the attention of others					
	To ask for help					
	To communicate basic needs (i.e. Personal care)					
Ability to Learn	A new recreational activity					

**HOCKEY BACKGROUND:**

- Has your child participated in skating and/or hockey before?  
Yes\_\_\_\_ No \_\_\_\_  
If yes, did you consider their experience successful? Yes\_\_\_\_ No \_\_\_\_  
Why or why not? \_\_\_\_\_  
\_\_\_\_\_
- Do you have any concerns with your child participating in the Capital City Condors hockey program? \_\_\_\_\_  
\_\_\_\_\_
- What are your expectations of the program/goals for your child? \_\_\_\_\_  
\_\_\_\_\_

**REQUIRED HOCKEY EQUIPMENT:**

- CSA approved hockey helmet with a full cage
- mouth guard
- neck guard
- hockey shoulder pads
- hockey elbow pads
- hockey pants
- jock / jill
- garter (for hockey socks if not attached to the jock / jill already)
- hockey shin pads
- hockey gloves
- skates
- hockey stick
- equipment bag

## **VOLUNTEERING:**

Volunteers are a necessary and valued part of our hockey club. We need your participation to ensure a successful and fun year. Please indicate which areas you would be interested in helping with:

Tournament Organization       End-of-Year Banquet       Fundraising  
 Canteen       On-Ice Coaching \*       Other

\* On-ice coaches require a police check (must be less than 6 months old as of September 2009). Parent's are not permitted to be on-ice coaches at the same time as their own child, but could volunteer for the other on-ice timeslot.

## **QUALIFIED DISCLAIMER**

**Parents or Guardians for participants are asked to carefully read and acknowledge the following information. This page must be signed prior to participation in the hockey program.**

“Capital City Condors Hockey” refers to the organization, its directors, agents, employees, instructors and volunteers. “You” refers to both child and parent/guardian.

- You agree that Capital City Condors Hockey is not responsible for any bodily injury, loss, or damage to personnel property suffered by the participant before, during or after the program.
- You (parent/guardian) agree that you will remain with your child at all times, before and after activities, assuming full responsibility for dressing and undressing your child before and after activities, and assuming full responsibility for any of your child's personal needs (ie – bathroom trips).
- You (parent/guardian) agree that you will remain in the arena while your child is on the ice.
- Capital City Condors Hockey is dedicated to making sure that your child has fun. The volunteers on the ice are not professionals and have no special medical training.
- You agree that in the event of emergency medical attention or emergency evacuation, you will not hold Capital City Condors Hockey responsible for any costs arising out of any emergency situation.
- You agree that intentional participant behaviour that puts them or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Capital City Condors' directors responsible for the safety of the team.
- You agree that expenses incurred because of dismissal from the program will be the responsibility of the participant/parent/guardian. If you choose to quit the program before its conclusion, there will be no registration refund.
- The safety of each individual is of the utmost importance to the Capital City Condors and all reasonable precautions are taken prior to and during the program. Capital City Condors Hockey reserves the right to alter a program at any time without compensation of participants, parents, or guardians.
- You agree that any hockey equipment issued to an athlete that is to be used for the hockey program must be returned upon request or at the end of the season. If equipment is misplaced or lost, the player and/or parent/guardian will be responsible for reimbursing the club for the full cost of the equipment.
- You agree that the team jersey remains the property of the Capital City Condors and must be returned to the team upon request or at the end of the season. If the jersey is misplaced, lost, or damaged beyond repair, the player and/or parent/guardian will be responsible for reimbursing the club for the full cost of replacing the jersey.

- **YOU AGREE THAT THE MEDICAL BACKGROUND AND ALL OTHER INFORMATION ON THIS FORM IS CORRECT, AND THAT THE PARTICIPANT DESCRIBED HAS PERMISSION, FROM BOTH PARENT/GUARDIAN AND PHYSICIAN, TO ENGAGE IN ALL HOCKEY RELATED ACTIVITIES.**

Player Name (Printed): \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to provide us with this information. You will be contacted shortly by a member of the registration team for your ten minute registration interview.

Sincerely,

***Capital City Condors Hockey***