



Ottawa Sting Minor Hockey Association (O.S.M.H.A.)

Tryout Registration Form for the 2009-10 Season for District B 'AA' and 'A' teams and South-East 'B' teams
Please do NOT return this registration form to your 'home' association. Mail-in to address indicated.

Player's Family Name: _____ Given Name(s): _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Home Phone: _____ Player's Cell: _____

Player's Health Insurance #: _____ Home Email: _____

Date of Birth: (day/month/year) ____/____/____ Age: _____ (as of 31 December 2009)

Gender: Male ___ Female ___ Shoots: Left ___ Right ___ Height: _____ Weight: _____

****During the 2009-2010 tryouts I will be trying out for (please circle one): FORWARD DEFENCE GOALIE**

During 2008-2009 season was registered with (Team name & Level): _____

2009-10 TRYOUT LEVEL: (Please circle appropriate Level below)

Minor Atom: B A Minor Peewee: B A AA Minor Bantam: B AA Minor Midget: B AA
Major Atom: B A AA Major Peewee: B A AA Major Bantam: B AA Major Midget: B AA

For Peewee players & above, indicate whether you previously attended a body checking clinic: Yes ___ No ___

TRYOUT JERSEY

Did you previously receive an Ottawa Sting tryout jersey(s)?

Yes, and replacement not required ___ state # ____; No ___ (select size below, no additional fee required);

Yes, but it is lost or I need a replacement ___ (select size below and add \$30.00 to the tryout fees otherwise payable)

Tryout Jersey, men's sizes only (Please circle one): Goalies: S M L Other players: S/M L/XL XXL XXXL

Please sign the Code of Conduct form and complete the Parent Information on the 2nd page.

Medical Problems for the O.S.M.H.A. to be aware of: (attach a separate page if additional space is required)

WAIVER

I hereby wish to have my son/ daughter participate in the Ottawa Sting Minor Hockey Association (OSMHA) 2009 Tryouts (team selections) and thus agree to adhere to all rules and regulations and conditions prescribed by the OSMHA. Also, I agree to waive responsibility of the OSMHA and all its volunteers for any accidents or injuries and for articles stolen, damaged or left in the dressing rooms or in the arena during the OSMHA tryouts, practices, and league, playoff and exhibition games in or out of the City of Ottawa.

Signature of Parent or Legal Guardian _____ Date _____ Signature of Player Trying Out _____ Date _____

Your 'Home' Hockey Association is (check appropriate box):
Canterbury Ottawa Centre Sandy Hill SouthEnd St. Laurent West End (for AA and A only)
You must register with your home association before your first tryout to avoid an Ottawa Sting penalty fee for late home registration.

Make cheque for \$150.00 payable to the Ottawa Sting M.H.A. This fee covers all tryout sessions (a minimum of 3 hours) that the player will participate in as well as 1 tryout jersey for goalies and 2 tryout jerseys for other players (yours to keep) for those trying out for an Ottawa Sting team for the first time. Withdrawal from tryouts 7 days prior to the first tryout will be subject to a \$25.00 service fee, except where a player has made a higher level (AAA or Junior) team. **As there will be no conditioning camps, please come prepared.**

MAIL Tryout Registration form with cheque for \$150.00 to:

Ottawa Sting M.H.A.
c/o Bob Pelland, Treasurer
548 Bathurst Ave.,
Ottawa, Ontario K1G 0X8

Players must be registered with their 'home' hockey association before stepping of the ice – strictly enforced.

CHECK OUT OUR WEB SITE AT www.ottawasting.com FOR FURTHER UPDATES & SCHEDULES

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DISTRICT B MINOR HOCKEY COUNCIL
House League and Competitive Associations

CODE OF CONDUCT

This Code of Conduct identifies the standard of behavior that is expected of all District B members, including athletes, coaches, parents, directors and volunteers.

District B Minor Hockey Council is committed to providing a sport environment in which all individuals are treated with respect. Members of District B shall conduct themselves at all times in a fair and responsible manner. Members shall refrain from comments or behaviors that are violent, disrespectful, offensive, abusive, racist or sexist. In particular, conduct that constitutes harassment or abuse will not be tolerated by District B Minor Hockey Council.

During the course of all District B Minor Hockey activities and events, members shall avoid behavior that brings disrepute to the organization or the sport of hockey, including but not limited to abusive or illegal use of alcohol or non-medicinal use of drugs.

District B members shall at all times adhere to their home association, and Ottawa District Minor Hockey Association (ODMHA) operational and discipline policies and procedures, to rules governing events and activities and to rules governing any competitions in which the member participates on behalf of District B.

District B members shall not engage in any activity or behavior that interferes with a competition or with any athlete's preparation for a competition, or which endangers the safety of others.

Failure to comply with the Code of Conduct may result in disciplinary action in accordance with the policies of District B and ODMHA. Such action may result in the member losing the privileges that come with membership in a District B Association, including suspension of player's hockey activities or in the case of parent, that parent's access to arena for games and practices. As well, the opportunity to participate in activities of the Association and potentially the privilege of being a member in District B minor hockey.

I have read and understood this Code of Conduct and hereby agree to abide by it.

Name of parent or guardian (please print)

Player's Full Name (please print)

.....
Signature of Parent or Legal Guardian

Date

.....
Signature of Player Trying Out

Date

Parent's Information:

Father's Name: _____

Mother's Name: _____

E-mail: _____

E-mail: _____

Work #: _____

Work #: _____

(Complete below only if different from Player's information on 1st page)

Address: _____

Address: _____

City: _____ **Postal Code:** _____

City: _____ **Postal Code:** _____

Home #: _____ **Cell #:** _____

Home #: _____ **Cell #:** _____

Emergency contact if parent(s) not available:

Name: _____

Phone: _____

Cell: _____

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