



Guelph Giants Hockey Club Participant Application Form



Please note, completion of this form does not guarantee enrolment in the Guelph Giants hockey program. Acceptance into the program is dependent upon the participant's needs and volunteer availability.

Please return the completed and **SIGNED** form at registration.

*** NOTE: New and returning participants must provide updated registration information. ***

PARTICIPANT BACKGROUND:

Name: _____ Gender: Male or Female

Address: _____ City: _____

Postal Code: _____ Date of Birth (M/D/YYYY): _____

Phone#: _____ Health Card#: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address (if different from above): _____

Postal Code: _____ Home Ph#: _____ Cell Ph#: _____

Email: _____

Secondary Email: _____

MEDICAL BACKGROUND:

Any information provided in the medical and functional sections listed below will be treated with the strictest confidentiality. Information will not be passed beyond the directors, management team, and coaches, without permission from the parent(s) or guardian(s).

We encourage all participants to have an active health care plan, including regular physical examinations. Guelph Giants Hockey will not assume any financial or legal responsibility for the health care of the athlete.

1. Primary Diagnosis: _____

Secondary Diagnosis: _____

For Players with Down Syndrome, please include test results for Atlanto-axial dislocation:

Positive

Negative (Please include a copy of the test results)



2. How does this medical diagnosis affect the participant?

a) Physically _____

b) Cognitively _____

c) Socially _____

3. List any medical concerns (seizures, respiratory, medications, communicable diseases, etc.):

4. Allergies (list any medications, insects, food, environmental, etc.):

5. List any significant surgeries, procedures, or injuries that could affect participation:

FUNCTIONAL OVERVIEW:

1. What equipment does the participant use to perform everyday tasks (wheelchair, braces, etc.)?

2. Describe the participant's behavior in terms of activity level, attention span, and impulsiveness:

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

4. Please indicate any strategies/techniques/advice that you find useful in managing the participant'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:	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Transfer (floor to chair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of the participant to communicate with new people:	In general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To get attention of others / ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	To communicate basic needs (i.e. personal care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn:	A new recreational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOCKEY BACKGROUND:

1. Has the participant ever skated or been involved in hockey before? Yes No
 If yes, did you consider their experience successful? Yes No
 Why or why not?

2. Do you have any concerns with the participant being involved with the Guelph Giants hockey program?

3. What are the goals and expectations of the program for the participant?

4. Would you be interested in volunteering to be a part of the Guelph Giants? Please identify the capacity within the team you feel you would contribute the most.

REGISTRATION FEE:

The registration fee to participate in the Guelph Giants hockey program is \$275.00 per athlete. The fee largely covers ice-time, insurance, and other incidental costs associated with the Guelph Giants hockey club. The Guelph Giants do a number of fundraising events to provide for our athletes and it is expected that you will contribute to these efforts.

Please make all cheques payable to '**Guelph Giants Hockey**'.



QUALIFIED DISCLAIMER:

Parents or Guardians for participants less than 18 years of age are asked to carefully read and acknowledge the following information. The text 'You' pertains reference to both participant and parent/guardian recognizing the statement presented. This page must be signed prior to participation in the Guelph Giants Hockey Program.

- You (both) agree that Guelph Giants Hockey is not responsible for any bodily injury, loss or damage to personal property suffered by the participant before, during or after the program.
 - You (both) agree that in the event of emergency medical attention or emergency evacuation, you will not hold Guelph Giants Hockey responsible for any costs arising out of any emergency situation.
 - You (both) agree that intentional participant behavior that puts them or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Guelph Giants directors responsible for the safety of the team.
 - You (both) agree that expenses incurred because of program dismissal will be the responsibility of the participant, parent, or guardian.
 - The safety of each individual is of the utmost importance to us and all the necessary precautions are taken prior to and during the program. Guelph Giants Hockey reserves the right to alter a program at any time without compensation of participant, parent, or guardian.
 - You (both) 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 participant, parent or guardian will have to reimburse the Guelph Giants Hockey Club for the full cost of the equipment.
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ATHLETE MEMBERSHIP:

Each athlete is granted one membership as an 'Athlete Member' by signing the registration form. This status is available to those persons who are interested in furthering the objectives of the Guelph Giants hockey program or a representative of an athlete. A representative of an athlete may be designated upon admission of an Athlete Member. There shall only be one representative per athlete.

Thank you for taking the time to provide us more information so that we can create a better experience for the athlete.

Sincerely,

Ron Heipel
Board President

On behalf of The Guelph Giants Special Hockey Foundation Board of Directors



BY SIGNING BELOW, YOU ACKNOWLEDGE THAT THE GUELPH GIANTS DO A NUMBER OF FUNDRAISING EVENTS TO PROVIDE OUR ATHLETES THE BEST EXPERIENCE POSSIBLE. THIS MEANS THAT ALL ATHLETES ARE EXPECTED TO PARTICIPATE TO ENSURE EQUITABLE TREATMENT AMONG ALL ATHLETES AND AVOID ATHLETES RECEIVING BENEFITS THEY HAVE NOT CONTRIBUTED TO FAIRLY.

YOU ALSO AGREE THAT THE HEALTH HISTORY RECORD IS CORRECT, AS FAR AS YOU KNOW, AND THE ATHLETE DESCRIBED HAS PERMISSION, FROM BOTH PARENT/GUARDIAN AND PHYSICIAN, TO ENGAGE IN ALL HOCKEY RELATED ACTIVITIES.

We (Participant, Parent and/or Guardian) have read, understood, and completed all 5 pages of this registration form.

Participant's Name (printed): _____

Participant's Signature: _____

Date: _____

Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____

Date: _____

PLEASE SIGN AND DATE BELOW AND INDICATE "STATUS". BY SIGNING BELOW, YOU AGREE TO THE GUELPH GIANTS DISCLAIMERS ABOVE.

DATE	SIGNATURE	STATUS
		<input type="checkbox"/> No Changes <input type="checkbox"/> Updated
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