



Stephenville Minor Hockey
P.O. Box 145
Stephenville, NL
A2N 2Y9

stephenvilleminorhockey@gmail.com
www.stephenvilleminorhockey.com

SMHA REP TEAM PARTICIPATION FORM

Player's Name (Please Print): _____

Please choose your preferred division, check only 1

U11 U13 U15 U18 Female U13 Female U15 Female U18

Female Players Only: If you wish to be considered for a 2nd division should there be an open spot, please check 1

U11 U13 U15 U18 Female U13 Female U15 Female U18

My child wishes to try-out for:

Goalie Defense Forward Either Position (Atom Only)

My child is a player on AAA (please check the appropriate league):

Female AAA Minor AAA Minor Midget AAA

Please note that the final decision for player positions will be made in consultation with the Coaches of that particular Rep team and SMHA Executive regardless of position applied for.

IMPORTANT INFORMATION

Please Read Carefully!

All Rep Teams will be chosen by a Selection Committee. The committee will be comprised of Coaches and Executive Members. If a division does not have sufficient numbers to enter two Rep Teams in HNL play, only one team will be chosen. The size of the teams will be determined by the Coaches in consultation with SMHA Executive before the Selection Process is complete based on HNL Guidelines.

Please note that REP TEAM participation requires an additional Rep Team Registration Fee of \$100 to be paid to SMHA. All Rep Team players will be required to commit to travel as well as extra practices. Any costs associated with this travel and additional practice times will be the responsibility of the participants and not SMHA.

As part of the selection process, players are expected to commit to participation in the All NL Provincial Tournament. Following the selection process, if a player becomes unable to play in the Tournament it is the obligation of the parent of the player to disclose same immediately to the Rep Team Manager. In such circumstance it will be the decision of the Executive as to the action to be taken which can include the selection of a replacement player to assure that the team complies with HNL requirements for roster sizes and also allowing the player to remain with the team notwithstanding the fact that he or she won't be available for the Tournament.

Players are expected to attend all games and practices as required by the coaching staff. All players must also attend house-league games and practices on a regular basis. Failure to do so could result in dismissal from the Rep Team. A player may also be dismissed from the Rep Team for disciplinary reasons (issues that may arise on and off the ice while participating in Minor Hockey events).

By signing this form I (print parent/guardian full name) _____ the undersigned, acknowledge that I have read and agree to the above noted conditions of Rep Team participation.

Parent/Guardian Signature: _____

Date: _____



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GOODWILL AGREEMENT

Please read and fill in before submitting this form

PARENT GOODWILL AGREEMENT

I have agreed to submitting (print child's full name) _____, to the evaluation process defined by the executive for the purposes of selecting various rep teams. I accept the process being utilized and therefore will accept and comply with the ultimate placements even though they may be different than my expectations. (I understand that should my female child not be selected for an A team in their preferred division they will not have the opportunity to change their preferred division after the selection process is complete). I understand that should my child step down from the team they are placed on, they are then ineligible to be placed on a team in any division. I have read and agree to adhere to the parent's code of conduct for the best overall experience for the players, and all members of the SMHA. Should my child be named to a Rep Team Roster, I agree to pay a \$100 Rep Team fee no later than November 30, 2019, unless I make other arrangements with the SMHA Executive. I understand that this fee is required to be paid for my child to remain on the team roster. I also understand that this fee will be used to pay for Provincial Tournament registration fees and for some rep ice allocated by the SMHA Executive. Any additional ice time will be at an additional cost, that I will be responsible for paying.

PLAYER GOODWILL AGREEMENT

I promise to give my best efforts during the rep team selection process and accept the possibility that my placement might be different than my expectations. I also accept that there are many variables to consider before a final placement is made and it is the responsibility of the selection committee to make the best overall decision with respect to the association and to me as a player. It is my responsibility to accept my placement and work hard to make my rep team experience as rewarding as possible, for myself, my team, and my coaches. I will adhere to the player's code of conduct and be the best ambassador of the SMHA I can be. ***I understand that should I not adhere to the player's code of conduct, and not show goodwill and respect to all players and coaches, that I may be removed from a Rep Team.*** I'll look forward to all the challenges and rewards of the upcoming season.

Player Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____