



NEHP Registration Form

Athlete's Name: _____

First Parent/Guardian's Name: _____

Second Parent/Guardian's Name: _____

Birthdate (DD/MM/YYYY): _____ **Player's Age:** _____

Age Class (circle one): *U7 - TImbits (2017 & Under)* *U9 - Novice (2015 & 2016)*

U11 - Atom (2013 & 2014) *U13 - Peewee (2011 & 2012)* *U15 - Bantam (2009 & 2010)*

Position (circle one): *Forward (F)* *Defence (D)* *Goalie (G)*

Total Number of Years Playing Hockey: ____ **Have you played with the North End Storm previously:** ____

Will you require an equipment loan? (if yes, circle full or partial set) Yes - Full Partial - No

- Copy of Birth Certificate
- Copy of Manitoba Health Card OR 6- and 9-Digit Numbers
- Check Here if Birth Certificate and Health #'s are on File from Previous Registrations
- Parent/Guardian's Respect in Sport Number:** _____
- Scanned Copy of Proof of Address
- Subsidy Application Completed***
- Copy of First Parent/Guardian's Notice of Assessment***
- Copy of Second Parent/Guardian's Notice of Assessment***

*****ONLY IF APPLYING FOR SUBSIDY**

Note* Emails have been the quickest and easiest way to share information pertaining to our programs. Please check emails regularly while your player is playing in our program(s).

How did you hear about this program? _____



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MASRC Sport Registration Form

Athlete Information

Name: _____ Gender: _____

- First Nation
- Metis
- Non-Status Indigenous
- Inuit
- Other

If Other, what is the ethnic background of player (Optional): _____

6-Digit/ 9-Digit Health # _____ / _____

Allergies/ Medical Concerns (please write "none" or n/a" if player has no known allergies or concerns. Do not leave blank):

- If registering multiple players and athlete info below is filled out on another registration form but is the same information, please check here. ***Still complete Parent info and sign waivers for each form (Pages 4-6).**

Name of athlete whose form has the information. _____

Email: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Area of City:

North End

Central

Other (if other, what area?) _____

Parent/ Guardian Information

Parent/Guardian #1 (Primary Contact):

Name: _____ Relationship: _____

Check here if email, phone, address, city, and postal code are same as athlete.

Email: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian #2 (Secondary Contact):

Name: _____ Relationship: _____

Check here if email, phone, address, city, and postal code are same as athlete.

Email: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Would you be interested in volunteering in any of the following team positions?

- Head Coach
- Assistant Coach
- Team Manager
- Team Safety Representative

Check off the following information you are okay sharing w/ other parents/guardians of the team

- Email
- Phone Number
- Address

Parent/Guardian Name (please print): _____ Date: _____

Signature: _____



MASRC Media Release Form

By submitting and signing this form, I acknowledge the following:

I give Manitoba Aboriginal Sports and Recreation Council (MASRC) approval to record and edit my likeness, image, voice, interview, and performance. I agree that MASRC may use and authorize the use of any part of this documentation for, but not limited to, exhibition, publication, educational, and website purposes. This includes using the information by posting it on social media sites.

I also consent to MASRC releasing my name and community to representatives from media and community organizations for sponsorship purposes if needed.

Participant's Name (please print): _____

Parent/Guardian's Name (please print): _____

Signature: _____ Date: _____

MASRC Participant Consent

By submitting and signing this form, I acknowledge the following:

I give consent for the below mentioned player to be administered first aid and to be treated by an emergency medical technician, paramedic, nurse, or physician. Any follow up medical attention may be given at a local hospital and transportation to a local hospital is authorized. I hereby permit the below mentioned player to participate in the above mentioned program by giving my consent.

Participant's Name (please print): _____

Parent/Guardian's Name (please print): _____

Signature: _____ Date: _____



MASRC Waiver and Release of Liability

In consideration of being allowed to participate in any manner in the Manitoba Aboriginal Sports and Recreation Council's athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is possible, and while rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Manitoba Aboriginal Sports and Recreation Council, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releases"), with respect to any an all injury, disability, or loss or damage to person or property, whether caused by negligence or the releases or otherwise.

Participant's Name (please print): _____

Parent/Guardian's Name (please print): _____

Signature: _____ Date: _____

North End Hockey Program Registration Fee Subsidy

Subsidy Criteria

The following guidelines are recognized in the approval and processing of applications for the North End Hockey Registration Fee Subsidy Program. Applications and all additional information will be kept in strict confidence.

- 1) This subsidy is designed to assist those children who would not otherwise participate in the North End Hockey Program.
- 2) This subsidy is available for the North End Hockey Program only and cannot be accessed for elite hockey programs such as AA or high school hockey teams.
- 3) This grant provides for the program registration fee only. Examples of ineligible costs include participation, administration, or volunteer fees; travel or transportation expenses; additional ice fees including tryout or evaluation ice; tournament fees; monies collected for team pictures and windup parties; medals and awards; and personal clothing items which become property of the participant such as branded team gear.
- 4) Children aged 17 or under residing within the City of Winnipeg are eligible.
- 5) Subsidy applications must be completed and signed by the parent or guardian only.
- 6) Your application requires verification of family income, generally a copy of your most recent "Canada Customs and Revenue Agency Notice or Assessment". Copies can be obtained from Revenue Canada at 1-800-959-8281. Also accepted are recent statements from EI/CPP Disability, or Social/Refugee Assistance funding.
- 7) All requests must be accompanied by a cost breakdown of the Registration Fee, which will be supplied by the North End Hockey Program.
- 8) Subsidy eligibility and the amount of subsidy required will be determined by the North End Hockey Program.
- 9) The deadline for submissions is October 15th, 2023.

This application should be submitted directly to the North End Multi-Sport Coordinator by email or mail.

Email: nestormcoordinator@masrc.com

Mailing Address:

Attn: Quinton Denechezhe

Manitoba Aboriginal Sports & Recreation Council Inc.

105-145 Pacific Ave.

Winnipeg, MB R3B 0A7

North End Hockey Program Registration Fee Subsidy Application

Child's Last Name: _____ First Name: _____

Birthdate (YYYY/MM/DD): _____ Gender: _____ Home Address: _____

Participant's "Home" Community Centre: _____

Parent's/Guardian's Name: _____ Relationship to Child: _____

Number of Children **UNDER 18** living at home: _____ Home Phone #: _____

Cell Phone #: _____ Email: _____

IF APPLICABLE: Single Parent () Foster Parent () Social/Refugee Assistance () EI/ CPP Disability ()

To determine the percentage of subsidy that you may qualify for, circle the appropriate TOTAL FAMILY/HOUSEHOLD ANNUAL INCOME in the chart below. *REMEMBER TO INCLUDE ANY ADDITIONAL FINANCIAL SUPPORT (ie. child support/maintenance payments, social/government benefits) IN THIS CALCULATION.*

Total # of Children UNDER 18	Total Income Level	Total Income Level	Total Income Level	Maximum Allowable Total Family Income*
1	\$14,502 or less	\$14,503-\$29,004	\$29,005-\$31,906	\$31,906
2	\$17,829 or less	\$17,830-\$35,657	\$35,658-\$39,224	\$39,224
3	\$21,646 or less	\$21,647-\$43,292	\$43,293-\$47,622	\$47,622
4	\$24,551 or less	\$24,552-\$49,102	\$49,103-\$54,013	\$54,013
5	\$27,689 or less	\$27,690-\$55,378	\$55,379-\$60,917	\$60,917
6+	\$30,828 or less	\$30,829-\$61,656	\$61,657-\$67,823	\$67,823
MINIMUM PARENTAL CONTRIBUTION	10%	20%	30%	
MAXIMUM NEHP SUBSIDY	90%	80%	70%	

*Applications that fall outside of the Maximum Allowable Income may be considered based on individual circumstance.

Applicants are required to provide documentation verifying their economic need. Accepted forms include Revenue Canada "Notices of Assessment" (NEHP uses Line 150), financial statements from EI and CPP Disability, or statements from Social/Refugee Assistance indicating your case number. Assessment Notices may be easily obtained online (www.cra.gc.ca/myaccount) or by calling 1-800-959-8281. **THESE ARE REQUIRED FOR BOTH PARENTS IF YOU ARE MARRIED OR CLAIM "COMMON LAW STATUS" WHEN FILING TAXES.**

Please provide a brief explanation as to why you require this assistance and attach any additional information you feel would be beneficial in considering your request.

If you are able to volunteer, please indicate how you would like to be involved with your child's team (i.e. coaching, driving players, managing the team).

*****IMPORTANT NOTICE*****

If you qualify for subsidy for the North End Hockey Program, you will still be responsible for anywhere between 10-30% of total registration fees per child dependant on your total family income. This does not mean that you do not owe any registration fees. *This fee can be anywhere from \$50-\$300 per child registered in the NEHP.*

Failure to pay your portion of the registration fees may result in your child being unable to register for another hockey program within Canada.

Please sign below to confirm that the above information is complete to the best of your ability, and that you acknowledge and agree to the terms of the NEHP Subsidy Application.

Signature of Parent/Guardian: _____ Date: _____

*****MASRC OFFICE USE ONLY*****

APPROVAL (i.e. Three NEHP/MASRC signatures required.)

As staff of the North End Hockey Program and Manitoba Aboriginal Sports and Recreation Council that are hosting this program, we approve the requested funding on behalf of the child named above, whose need is consistent with the "Program Registration Fee Subsidy" guidelines.

NEHP Coordinator Approval: _____ **Date:** _____

SSD Manager Approval: _____ **Date:** _____

MASRC Executive Director Approval: _____ **Date:** _____