



Leeds Minor Hockey Association Executive Committee

POLICY

POLICY NAME:	Players Declaration
POLICY NUMBER:	P08
DATE CREATED:	August 16, 2019
DATE FOR REVIEW:	August 16, 2020

1. I will play hockey because I want to, not because others or coaches want me to.
 2. I will play by the rules of hockey and in the spirit of the game.
 3. I will control my temper – fighting, “mouthing off”, or throwing/breaking of equipment can spoil the game for everyone.
 4. I will treat players as I would like to be treated.
 5. I will work equally hard for my team and myself – my team’s performance will benefit and so will my own.
 6. I will remember that winning isn’t everything – that having fun, improving skills, making friends and doing my best are as equally important.
 7. I will acknowledge all good players and performances – those of my team and my opponents.
 8. I will remember that coaches and officials are there to help me. I will accept their decisions and show them respect.
 9. I will show respect to spectators who come to the rink to enjoy watching hockey.
 10. I will treat arena staff with respect as they work hard to maintain a safe clean space for me to play hockey.
 11. I will remember that I am representing Leeds Minor Hockey and my home association. Off ice behaviour is equally important as on ice conduct.
 12. I will not participate in drinking, drugs, smoking, vaping or use of any age-restricted product while representing Leeds Minor Hockey.
- ✓ I have reviewed the Code of Conduct and I commit to adhering to it.
 - ✓ I agree to abide by the rules, regulations and decisions as set by Leeds Minor Hockey Association, Hockey Eastern Ontario, and Hockey Canada.
 - ✓ I understand that I am responsible for my actions, and failure to abide by this code of conduct could lead to disciplinary action.
 - ✓ I understand that I will be supported by the executive of Leeds Minor Hockey if I bring forward a concern regarding the behaviour of anyone involved with minor hockey.

PRINT NAME: _____

TEAM: _____

SIGNATURE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____