



DOCUMENTS TO BE SIGNED BY THE PARENTAL AUTHORITY

NOTE: At any time, you may consult the Midget AAA League website

www.liguemidgetaaa.ca Ligue, Information section

or the following link: http://liguemidgetaaa.ca/page-perso.php?pg_no=38

COMMITMENT FORM

We hereby certify, as the parents () or legal guardians () of _____, born _____ and currently playing on the _____ team of the Quebec Midget AAA Hockey League ("**the League**"), that we have read and understood the terms and commitments contained in the schooling chapter of the internal policies, the League's academic guidelines, and the League document summarizing the requirements of our role as parents or legal guardians, and we undertake to comply therewith. We further state and certify that we have read, understood, and undertaken to comply with the following:

- The academic advisor of the player concerned will forward grades for each phase of the current school year to the League representative(s) duly authorized to deal with academic matters.
- If the player concerned is cut from the team during the year, the player may continue to attend the educational institution in question. Otherwise, it is your responsibility to enrol the player at a new educational institution and to take all of the necessary steps involved in this decision.
- Any suspension from school shall be reported.
- Minimum academic requirements shall be met, including those related to attendance.
- A statement regarding the player's health status shall be submitted to the team manager, and the player shall undergo any test that may reasonably be required to ensure the player's health, including but not limited to the SCAT2 test [Sport Concussion Assessment Tool 2].

- The contents of the internal policies in their entirety, and more specifically with regard to the code of ethics
- The policy regarding the use of photographs taken as part of the League's activities
- The League's anti-doping policy
- The League's policy regarding social media, as well as the PDP program in collaboration with the LHJMQ
- Minimum use of goalkeepers
- Warm-up
- Legal residence

SIGNATURE OF THE PARENTAL AUTHORITY AND THE PLAYER

Name of the parental authority

Signature of the parental authority

Name of the player

Signature of the player

Place

Date

DECLARATION OF LEGAL RESIDENCE FORM

We hereby declare that the aforementioned player legally resides on the date of the player's signature, and will legally reside on July1, at: _____

We undertake to notify the organization (*the team*) whenever any change is made to this declaration. If such a change is made, the signees shall be required to sign a new declaration. **The team shall also sign and keep this declaration before the player takes part in the selection camp of the organization (the team).**

Name of the parental authority

Signature of the parental authority

Name of the player

Signature of the player

Place

Date

Witnessed by a representative of the organization (the team):

_____ Date _____

**POLITIQUE ANTIDOPAGE DE HOCKEY QUÉBEC ET
DE LA LIGUE DE DÉVELOPPEMENT DU HOCKEY MIDGET AAA DU QUÉBEC**



FORMULAIRE DE DÉCLARATION DU JOUEUR

Je, _____, désire déclarer que je fais

Prénom suivi du nom de famille, en lettres moulées

présentement usage des médicaments et/ou suppléments suivants:

Je ne prends présentement aucun médicament et/ou supplément.

Cochez la case

Je comprends qu'à titre de joueur de la LDHMAAAQ, je suis lié à la politique antidopage de la LDHMAAAQ et au Programme canadien antidopage (PCA), et en conséquence,

- je peux être soumis à des contrôles de dopage durant la saison,
- et je serai tenu responsable pour toute substance interdite qui pourrait être détectée dans mon échantillon, recueilli lors d'un contrôle de dopage, que la substance ait été utilisée intentionnellement ou non.

Je comprends que le représentant de mon équipe ou de ma ligue est autorisé à prendre connaissance de la présente déclaration et peut me conseiller si je déclare faire usage de toute substance

- qui serait interdite en vertu de la politique antidopage de la LDHMAAAQ,
- ou pour laquelle je dois demander à l'avance une Autorisation d'usage à des fins thérapeutiques (AUT),
- ou qui peut représenter un danger pour ma santé ou pour mon éligibilité à jouer dans la LDHMAAAQ.

Cependant, malgré les conseils et les avertissements, le cas échéant, que je pourrai recevoir de la LDHMAAAQ, je reconnais que je suis strictement responsable pour toute substance détectée dans mon échantillon. C'est ma responsabilité personnelle.

Enfin, je comprends que je dois, en cours de saison et sans délai, mettre à jour la présente déclaration dès que je prends ou que je projette de prendre une substance qui ne serait pas listée ci-dessus.

SIGNATURE OF THE PARENTAL AUTHORITY AND THE PLAYER

CONCERNANT THE DECLARATION OF THE USE OF MEDICATIONS AND/OR SUPPLEMENTS

Name of the parental authority

Signature of the parental authority

Name of the player

Signature of the player

Place

Date