

**HOCKEY QUEBEC AND QUEBEC MIDGET AAA HOCKEY LEAGUE
ANTI-DOPING POLICY**



PLAYER DECLARATION FORM

I, _____, wish to declare my present use of
Please Print Name (First, Last)
the following medications and/or supplements:

I am presently not taking any medications and/or supplements.
Please check box

I understand that as a player participating in the **Quebec Midget AAA Hockey League (QMAAAHL)**, I am bound by both the **QMAAAHL Anti-Doping Policy** and the Canadian Anti-Doping Program and as a result, I:

- am subject to doping control during the **QMAAAHL** season; and
- will be held responsible for any prohibited substance that may be detected in my sample following a doping control session, whether the prohibited substance is used intentionally or not.

I understand that my team/league representative is authorized to review the information in this Declaration and may advise me if I report the use of any substances:

- that are prohibited under the **QMAAAHL** Anti-Doping Policy;
- for which I need to submit a Therapeutic Use Exemption Form (“TUE”) in advance; and/or
- may pose a risk to my health or my eligibility to play in the **QMAAAHL**.

However, despite the advice or warnings I may receive from the **QMAAAHL**, if any, I acknowledge that I am strictly liable for all prohibited substances detected in my sample. This is my personal responsibility.

Lastly, I understand that I must update this Declaration with my team/league representative immediately over the course of the season if and when I am taking, or am considering taking a substance not listed above.

Please complete the following:

Address: _____
(Street) (City-Municipality) (Postal Code)

Telephone: _____

Team: _____

Signature (Player): _____

All players that are minors (under the age of 18 or 19 depending on the Province or the State) at the time the player is asked to sign the Declaration, must also obtain a signature from a parental authority (ex: father or mother or other individual who has been granted parental authority over the player).

I confirm the accuracy of the information provided above by the player who is a minor.

(Signature of the parental authority)

(Date)