

ANTI-DOPING POLICY

(Article 3.5 - Responsibilities and Application)



CONFIDENTIAL

MEDICATION DECLARATION FORM

(Player regular)

TEAM: _____

Name of Player: _____

Address: _____
(Civic Number) (City - Municipality) (Province) (Postal Code)

Telephone: _____

In reference to article 3.5 of the **Quebec Midget AAA Development Hockey League's Anti-Doping Policy**, I, the undersigned, declare the use of the following drugs and/or food supplements:

DRUGS:

FOOD SUPPLEMENTS:

I, the undersigned, declare to have read and understood article 3.4 of **The Quebec Midget AAA Development Hockey League's Anti-Doping Policy**. I have reviewed each drug or food supplement listed above with my physician to ensure that they are not on the *IOC-WADA List of Prohibited Substances and Prohibited Methods*.

Signature of Player

DECLARATION OF THE PARENT:

I, the undersigned, declare to have read and understood article 3.1 of **The Quebec Midget AAA Development Hockey League's Anti-Doping Policy**, and confirm that the information provided is accurate and complete.

Signature of the father or the mother or the parental authority

Date