NANAIMO MINOR HOCKEY ASSOCIATION SAFETY PERSON APPLICATION FORM

Name:		
Address:		
Telephone: (h)	(c)	
DOB:	email:	
PART 1 – DIVISION OF YO	OUR CHILD (please check ✓)	
U6 U7 U8	U9U11 U13 U15U18 U21	I
Femaleadd le	evel	
PART 2 - Certification/Train	ning Year Completed	
**Respect in Sport (Team Sta	uff)	
**Concussion Awareness		
**Hockey Canada Safety Pers	son	
**Criminal Record Check –	please complete yearly	
	ations must be completed before being added equire confirmation of completion.	d to a roster. Please
Last team as Safety person:		
Year Position	Association/Team Name	Age Group

If you are new to the Safety role, BC Hockey has resources to review what is involved on their website. https://www.bchockey.net/RiskManagement/HCSP.aspx

Please note each team must have one manager, no co-managers, one Safety Person and one Head Coach.