



Minor Hockey Foundation Ontario  
Let's Learn Hockey Program  
Application Guidelines and Form

Supported by the Province of Ontario





Minor Hockey Foundation Ontario  
25 Brodie Drive, Unit 3  
Richmond Hill, ON L4B 3K7  
P: 905-780-6642 F: 905-780-0344  
www.hockeyfoundation.ca

## **About the Let's Learn Hockey Program**

Each year, minor hockey associations across Ontario support numerous charities and charitable foundations. Thousands of dollars are generated and many causes and programs benefit from this support.

In 2000 the Minor Hockey Foundation Ontario (MHF) was created to support minor hockey players in the Province of Ontario. This document will focus on the Let's Learn Hockey Program portion of the MHF.

The Let's Learn Hockey Program provides children who are currently experiencing difficulty raising enough funds to participate in the game of ice hockey.

The LLHP gives each participant the opportunity to:

- Receive new equipment
- Participate in a one-day hockey Orientation Camp
- Receive financial assistance towards their minor hockey registration fee for the season immediately following the date of the one-day Let's Learn Hockey Program orientation event.

The plan of the program is to move the event to a different location in the province each year.

Past LLHP events included participants from the Children's Aid Society, Big Brother's and Big Sister's, Native Child & Family Services and residents of areas governed by the OMHA, GTHL, MHOA, OWHA and NOHA.

## **Eligibility**

The Minor Hockey Foundation Ontario Board reviews all applications and a member of the Board contacts the applicant to confirm whether their request will be approved. Applicants are not guaranteed spots in this program. All applicants must adhere to the following guidelines:

1. The scope of each LLHP event is based on the level of available funds received through donations and corporate sponsorship. Currently, the Foundation will receive applications from male and female children aged seven (7) to eleven (11) years who have never participated or whose participation was very limited in any level of organized hockey.
2. Multiple applications from one household will be considered, however, there is no guarantee all applications of the household will be accepted.

## **How to Apply**

1. All applications must be submitted to the MHF by no later than March 10<sup>th</sup> of the event year. The MHF Board will review each application and will contact the successful applicants by mail prior to April 10<sup>th</sup> of the event year. The above dates are based on a number of variables including the availability of a venue and location restrictions. The Foundation will always attempt to give applicants as much notification time as possible to facilitate travel arrangements and personal schedules.
2. There will be a maximum of thirty-six (36) players accepted into this one-day program on behalf of the MHF. Additional players may be accepted should, in the discretion of the MHF Board, MHF finances and sponsorship warrant.
3. The MHF will pick the applicants at random. There is no guarantee of acceptance.

Please send complete applications to the following address:

Minor Hockey Foundation Ontario  
Attn: Let's Learn Hockey Program  
25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7  
E-mail: [info@hockeyfoundation.ca](mailto:info@hockeyfoundation.ca)



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## Important Information

### **Registration And Subsidy**

#### **Participant Expenses**

There is no fee to participate in the program. However, travel to the Orientation Camp will be at the participant's own expense. Hockey equipment, breakfast and lunch will be provided to each participant at the Orientation Camp.

#### **Subsidy**

Immediately following the LLHP Orientation Camp, each participant will be required to determine an affiliation to a minor hockey association for the coming season based on the local branch registration guidelines. If a participant is unsure of their minor hockey affiliation, an MHF representative will be available for assistance. Each participant will be provided a letter from the MHF indicating his or her participation in the program.

The MHF will provide a one-time financial subsidy to each LLHP participant towards minor hockey registration fees for the hockey season that immediately follows the event. A cheque will be issued directly to the applicant's determined minor hockey association.

After the Orientation Camp, a MHF representative will be in contact with all participants and assist in determining the hockey association responsible for registration in their individual areas. The affiliated minor hockey association will also be contacted by the MHF to inform them of the participant(s).

### **Equipment**

Equipment will be sized for each individual based on a standard sizing chart provided by the MHF. Applicants will not be allowed to request equipment for any future season.

Participants may only apply for either defensemen or forward's equipment. In the case of goaltenders most hockey associations that operate house league programs usually provide goalie pads to be used in competition.

### **Insurance**

During the Orientation Camp, all participants will have insurance coverage. Insurance coverage for participation in the LLHP Orientation Camp will be the responsibility of the MHF. Travel to and from the event will be at the parent, guardian or chaperone's own risk and personal expense.



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## Cancellation And Privacy

### Cancellation

The MHF reserves the right to cancel or postpone this event up to two (2) weeks prior to the scheduled date. Registered participants will be informed of the cancellation or postponement by phone or courier.

### Privacy

The MHF is committed to comply with the *Personal Information Protection and Electronic Documents Act* (PIPEDA).

In this regard, the MHF will protect the privacy and security of all personal information disclosed to or collected or used by the MHF for the purposes of running its "Let's Learn Hockey Program".

The MHF follows the ten (10) Canadian Standards Association principles identified in the federal PIPEDA.

Each participant will have the option to "OPT OUT" in regard to the use of his or her personal information and image for the promotion of the LLHP.



## PLEASE PRINT CLEARLY

### Let's Learn Hockey Program Application Form

#### Personal Information

Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Birth Date (MM/DD/YYYY) \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M: \_\_\_\_\_ F: \_\_\_\_\_

#### Hockey Involvement

Name of Nearest Minor  
 Hockey Organization:  
 Location (if known): \_\_\_\_\_

#### Agency/Case Worker Information

Agency / Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Contact \_\_\_\_\_ Title: \_\_\_\_\_  
 Alternare Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

#### Hockey Association / Organization Information (if applicable)

Current Association / Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Contact: \_\_\_\_\_



## Application Checklist

- Sizing Chart included

## Opt Out

The MHF reserves the right to use the participant's photograph, name and affiliated minor hockey association for promotional purposes. If the participant or the participants' parent/guardian wishes to OPT OUT of the foregoing, please check the box below.

I hereby wish to OPT OUT:

## Agreement to Participate

By signing below, I hereby acknowledge the following:

1. I/My participating child hereby agrees to abide by and support the current Ontario Minor Hockey Association Code of Conduct. Any offender will be prohibited to participate in the LLHP.
2. I/My participating child understands that during the time of participation in the LLHP event at the arena, the MHF will purchase insurance to cover the participant's injuries. I understand that travel to and from the event will be at the parent, guardian or chaperone's risk and expense.
3. I hereby apply for the Let's Learn Hockey Program and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Signature of Parent/Guardian:

or

Agency/Case Worker (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:** The information requested on this form is required by the Minor Hockey Foundation Ontario (MHF) and their respective executives, employees, coaches, trainers, referees, volunteers and partners) for registration and promotional purposes and to administer the rules and regulations of the MHF, Let's Learn Hockey Program (LLHP). In order to do so, the OMHF may, if required, request proof of a Participant's identity, address and date of birth.

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