



COVID-19 Return to Hockey – Junior Team Application Form for Off Season Programming:

Junior League: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Team: \_\_\_\_\_

Facility: \_\_\_\_\_

1. Please describe your Return to Hockey Plan:

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2. Please outline all implemented safety protocols in detail.

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3. Please list all players who will be attending these sessions, with Hockey Canada ID #'s

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____



m.	_____	_____
n.	_____	_____
o.	_____	_____
p.	_____	_____
q.	_____	_____
r.	_____	_____
s.	_____	_____
t.	_____	_____

4. Please List all On-Ice and Off-Ice Staff with Hockey Canada ID #'s

a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

League Signature:

\_\_\_\_\_

HEO Authorized Signature:

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