

**Request for CREED/RELIGION ACCOMMODATION regarding mandatory vaccination for participation in St. Thomas Minor Hockey Association/OMHA/Alliance sanctioned hockey activities.**

**SECTION 1 – TO BE COMPLETED BY PARTICIPANT**

**- PLEASE PRINT CLEARLY -**

(A) PARTICIPANT'S INFORMATION	
<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>EMAIL ADDRESS:</b>	
<b>Type of participant (e.g. player, game official, team official, volunteer, appointed board members, etc.):</b>	
(B) PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)	
<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>EMAIL ADDRESS:</b>	
<b>TELEPHONE #:</b>	
<p>By submitting this form, I am requesting that I/my child be exempted from STMHA Hockey's COVID-19 vaccination requirement based on the ground of creed/religion and affirm as follows:</p> <ol style="list-style-type: none"> <li>1. The mandatory COVID-19 vaccination requirement for those participating in STMHA Hockey-sanctioned activities conflicts with my/my child's sincerely held convictions based on my/my child's creed/ religion.</li> <li>2. I understand that STMHA Hockey may approve accommodation measures that require me/my child to follow additional health and safety protocols, including, but not limited to: a. regular COVID-19 testing and disclosure of test results; and/or b. limited participation in certain programs, activities, and events.</li> <li>3. I understand that should an outbreak occur, the Ontario government, facilities and/or the applicable public health authorities may impose additional restrictions or requirements on me/my child for health and safety reasons, which may not apply to fully vaccinated participants.</li> </ol>	

4. I understand that as part of the accommodation process STMHA Hockey may seek additional information from me relating to my/my child's creed/religion.

\_\_\_\_\_  
Signature of individual  
(or parent/legal guardian for those under 18 years of age)

Date:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary & license number

Date:

\_\_\_\_\_

## SECTION 2 – TO BE COMPLETED BY PARTICIPANT

### **Creed / Religion Accommodation**

Use this space to explain the basis for your creed/religion-based accommodation request. Include:

- *What is the creed/religion that you belong/subscribe to?*
- *How long you have been a member/participant of this organization/community?*
- *How long you have refrained from receiving vaccinations?*
- *What is the sincerely-held creed/religious belief(s) that prevents you from receiving vaccinations?*
- *How is the above-noted belief(s) integrally linked to your identity, self-definition and fulfilment and part of a particular and comprehensive, overarching system of belief that governs your conduct and practices?*

Notice: Applicants seeking an accommodation from vaccination requirements on the basis of creed/religion may be required to verify their creed/religion-related needs. In such cases, STMHA will notify you of the need for additional or verifying information/documentation prior to granting an accommodation.