

**COVID-19 Vaccination Exemption  
Request- Human Rights Grounds**



**ALLIANCE HOCKEY**

71 Albert Street  
Stratford, Ontario N5A 3K2  
Tel (519) 273-7209  
Fax (519) 273-2114  
[www.alliancehockey.com](http://www.alliancehockey.com)  
[alliance@alliancehockey.com](mailto:alliance@alliancehockey.com)

To protect the health and safety of participants in its activities, ALLIANCE Hockey Vaccination Policy requires COVID-19 immunization of all players, bench staff, volunteers, staff and Officials for the 2021-22 season.

All participants born in 2009 or before must provide:

- a. Proof of full vaccination against COVID-19; or
- b. Written proof of a medical reason, provide by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time-period for the medical reason; or
- c. **A validated exemption from vaccination under the Ontario Human Rights Code (including creed/religious purposes) with evidence acceptable to ALLIANCE Hockey**

In accordance with the Ontario Human Rights Code, every person has a right to equal treatment, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

Any affected person who is unable to be vaccinated for substantiated medical reasons and/or on grounds protected under the Ontario Human Rights Code may request an accommodation.

By submitting this form, you acknowledge that you are seeking a creed/religion accommodation to ALLIANCE Hockey's COVID-19 vaccination requirement.

**Complete SECTION 1, SECTION 2, and SECTION 3 of this Form.**

Completed forms are to be submitted [HERE](https://alliancehockey.com/Forms/19901/). (<https://alliancehockey.com/Forms/19901/>)

**PLEASE READ CAREFULLY:**

- Requests for accommodation will be considered upon completion and presentation of this form.
- Individuals with an approved accommodation will be notified in writing using the email address provided by them in the form below.
- Decisions will be made in accordance with ALLIANCE Hockey's Vaccination Policy and Member Association Policies. In the event a request is denied, individuals are permitted to reapply if new documentation and/or information becomes available.
- This form only applies to requests for creed/religion accommodation from ALLIANCE Hockey's COVID-19 vaccination requirement. If you are seeking accommodations for other purposes, you will be required to make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination accommodation.
- Participants under the age of 18 must have their parent or legal guardian sign the declaration on their behalf.
- Complete Section 1, 2 and 3 that is signed and sworn or affirmed before a Commissioner for Taking Affidavits.





**Request for CREED/RELIGION ACCOMMODATION regarding mandatory vaccination for participation in ALLIANCE Hockey sanctioned hockey activities.**

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

- PLEASE PRINT CLEARLY -

<b>(A) PARTICIPANT’S INFORMATION</b>	
<b>LAST NAME:</b>	<b>FIRST NAME:</b>
<b>EMAIL ADDRESS:</b>	
<b>Type of participant (e.g. player, game official, team official, etc.):</b>	
<b>(B) PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)</b>	
<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 ALLIANCE 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 ALLIANCE 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 ALLIANCE 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> <li>4. I understand that as part of the accommodation process ALLIANCE Hockey may seek additional information from me relating to my/my child’s creed/religion.</li> </ol>	





**SECTION 2 – TO BE COMPLETED BY APPLICANT**

**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, ALLIANCE Hockey will notify you of the need for additional or verifying information/documentation prior to granting an accommodation.



**SECTION 3 – TO BE SIGNED AND SWORN OR AFFIRMED BEFORE A COMMISSIONER FOR TAKING AFFIDAVITS & SIGNED BY THE APPLICANT**

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

SWORN OR SOLEMNLY AFFIRMED before me

at \_\_\_\_\_  
(Municipality)

in \_\_\_\_\_  
(Province)

on \_\_\_\_\_  
Date (yyyy/mm/dd)

\_\_\_\_\_

Signature of Commissioner for taking Affidavits

\_\_\_\_\_

Print name if signature is illegible

