allowed body checking; 120 players participated in more than one season.


**Main Outcome Measurements** All game-related ice hockey-related injuries were identified by a team safety designate. Suspected concussions were referred to a study sport medicine physician.

**Results** In divisions allowing body checking, there were 213 injuries [incidence rate (IR)= 12.96/1000 player-hours; 95% CI: 9.21–16.70] including 69 concussions (IR= 4.20/1000 player-hours; 95% CI: 2.63–5.76). In divisions disallowing body checking, there were 40 injuries (IR=5.13/1000 player-hours; 95% CI: 1.71–8.56) including 18 concussions (IR= 2.31/1000 player-hours; 95% CI: 0.62–4.00). Using multilevel Poisson regression adjusted for cluster and several important covariates (year of play, player weight, previous injury/concussion history, position), policy disallowing body checking was associated with a lower rate of all injury incidence rate ratio ([IRR]=0.38; 95% CI: 0.24–0.60), and concussion (RR=0.49; 95% CI: 0.26–0.89).

**Conclusions** Policy disallowing body checking reduced the rate of game-related injuries in Midget non-elite levels of ice hockey. This research should inform body checking policy change nationally.