

2019-20 ENTRY LEVEL REFEREE CLINICS IN THE W.O.A.A. AREA

From: Don Shropshall, W.O.A.A. Referee Clinic Coordinator. (519) 482-3092 (H)
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This is an application for Entry Level Referee Clinics to be held for the 2019-20 season in the W.O.A.A. area. This application is to be used if you are a NEW official or returning to the program after letting your Referee certification lapse. DO NOT use this form if you have missed a Recertification Clinic or are presently officiating. Registration will begin at 7:30 A.M., classes will begin at 8:00 A.M. This will be a full day clinic. There will be an on-ice session from 3:00 P.M.-4:00 P.M. so please bring a helmet, skates and a whistle as well as a pen/pencil and paper for the in class presentation.

REQUIREMENTS:

- There is a Hockey University e-learning prerequisite that **MUST** be completed prior to the day of the clinic. A certificate of your completed Hockey University e-learning must also be brought to the clinic with you. Failure to provide your certificate; you will be unable to participate in the clinic. All Entry Level clinic participants after registering and submitting payment to the Clinic Contact (as listed) will be given information how to obtain the online certificate.
- If you are 15 years of age or older, you **MUST** also do the Respect in Sports Activity Leader Course online and bring the certificate to the clinic as verification that you have completed it. You can access this course by going to www.omha.net and clicking on “REFEREES” on the top of the screen, click on “EDUCATION” in the drop down menu and then scroll down the page to Respect In Sport section and click on RESPECT IN SPORT ACTIVITY LEADER COURSE.

***NEW* APPLICANTS 15-17 YEARS OF AGE AS OF DECEMBER 31st:**

- Applicants ages 15-17 as of December 31st will **NO LONGER** be required to obtain a Police Record Check or signing of a Declaration Form is not required.

APPLICANTS 18 YEARS OF AGE AS OF DECEMBER 31st:

- **MUST** provide a copy of a Police Record Check (including Vulnerable Sectors Screening) in a sealed envelope the morning of the clinic or a receipt from the police saying it is being processed, for attendance to be permitted.

Please complete the application form on the next page.

CLINIC COST REGISTRATION FEE (INCLUDES SNACKS, REFRESHMENTS, ICE SESSION AND HALL RENTAL)

15 YEAR OLD, AS OF DECEMBER 31	LEVEL ONE	\$160.00
16 AS OF DECEMBER 31, AND OLDER	LEVEL TWO	\$210.00

COMPLETE APPLICATION FORM BELOW AND SEND TO CLINIC CONTACT WITH PAYMENT BY SUBMISSION DATE.

INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:

DATE OF CLINIC: LOCATION: SUBMIT APPLICATION & FEES BY:

SAT., OCT. 19, 2019 **ZURICH** **OCTOBER 12, 2019**
(Zurich Arena, 15 East Street, ZURICH, ON N0M 2T0) 519-236-4969
Clinic Hosted by: Goderich Minor Hockey
CONTACT: Hailey Stoll 519-440-0311 specialevents@goderichminorhockey.ca
Can be paid by e-transfer to treasurer@goderichminorhockey.ca

SAT., OCT. 26, 2019 **LISTOWEL** **OCTOBER 19, 2019**
(Steve Kerr Memorial Complex, 965 Binning Street West, LISTOWEL, ON N4W 0G6
519-291-4875
Clinic Hosted by: Listowel Minor Hockey
CONTACT: Trevor Angel 519-492-0712 trevor_angel@listech.on.ca
Can be paid by cheque to Listowel Minor Hockey.

NAME: _____

STREET: _____ **TOWN:** _____

(RURAL) 911 ADDRESS:

OR LOT: ____ **CONC.:** ____ **TWSP:** _____

POSTAL CODE: _____

PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS): _____

PHONE NUMBER: _____

EMAIL: _____

DATE OF BIRTH: _____
DAY/MONTH/YEAR

***PLEASE INDICATE ANY FOOD ALLERGIES:** _____

PRIVACY POLICY: "OPT-OUT" PROVISION:

The W.O.A.A. does not sell, trade or otherwise share the information we collect outside our association, however we may from time to time use the information for the purposes of offering additional services, promotions, including promotions offered by third parties. This type of usage of personal information by the W.O.A.A., its teams, leagues and/or programs is entirely at your discretion, should you choose NOT to allow this type of usage, please check the OPT-OUT box.
NOTE: By checking the OPT-OUT box above, your personal information WILL NOT be distributed outside our association.

Signature: _____