



Date

25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7 Tel: 905-780-OMHA (6642) Fax: 905-780-0344

Go to the net at: www.omha.net · E-mail: omha@omha.net

201' /201(ON-ICE VOLUNTEER INSURANCE FORM

Please remit to the OMHA office by December 10, 201'

Centre							
Form Completed By (Please Print)							
Address							
City/Town/Postal C	Code						
Home Telephone		Area Code ()					
Business Telephone		Area Code () Ext.					
Fax							
E-Mail Address							
ON-ICE VOLUNT	EERS						
Surname First Na		ne	D.O.B. (dd-mm-yr)		Address		Tel.
TOTAL NUMBER OF ON-ICE VOLUNTEERS: X \$17.44 = \$							
(Total Remitted)							mitted)

The \$17.44 represents the insurance premium amount only.

This form is to be used to identify all on-ice volunteers not currently registered as Team Officials to your

Submission and remittance of the appropriate Premium is the responsibility of the Association.

Remittance to be made payable to: **Ontario Minor Hockey Association** 25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7

PLEASE DO NOT FAX THIS

FORM TO OUR

OFFICE

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF) (their respective executives, employees, coaches, trainers, referees and volunteers) for registration purposes and to administer the rules and regulations of the OMHA and provide notification of any upcoming events or other activities. In order to do so, the OMHA, it's Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.