

TAMPERING REPORT**ARTICLE EIGHT - Player Movement / Tryouts**

- (A) (1) "Permission to Skate" forms must be filled out and signed by a designated executive member of the player's current association/team and presented to the association for which the player wishes to try out before she is allowed on the ice. Failure to comply will result in a minimum two (2) game suspension for the offending player and/or head coach.
- (2) No "Permission to Skate" forms may be used for the period between January 1st and two days after all the Provincial Championships for any teams during the current season.

(B) OWHA TAMPERING POLICY:

Team Officials of any OWHA team shall not encourage indirectly or invite in a direct manner, or allow to participate in any training activities, practice or play in any scheduled or exhibition game a registered member of another OWHA team from the previous season or of the current season in any division or category without first having obtained permission, in writing, in the manner set forth in REGULATION 3, Registration (E) and or BY-LAW ARTICLE EIGHT, Player Movement/Tryouts (A) (1), from the team or club with which such player is registered. For failure to comply with the above regulation and or the above policy, the responsible team and or team official and player shall be sanctioned in any one or combination of the following manners:

- a) The head coach will be suspended for the minimum of ten (10) games;
- b) The team will be fined a sum of Five Hundred Dollars (\$500.00). This fine is payable within fifteen (15) days of notification of the fine. Failure to submit the fine within the required time frame will result in automatic suspension until the fine is paid;
- c) The fine will be remitted to the OWHA;
- d) The player will not be eligible to sign with the team with which she had illegal tryouts.
- e) **A suspension.**

Teams with valid reasons to invite players to tryouts can approach team officials of her current team to request permission.

- (C) "Tampering Report" forms will be directed to the OWHA Office.

This Report is submitted by:

| | | |
|----------------------------------|-----------------|-----------------------------|
| Name: _____ | | |
| Association: _____ | | Position _____ |
| Address: _____ | | |
| City / Town: _____ | | Postal Code _____ |
| Tel # () _____ | Fax # () _____ | e-mail _____ |
| | | |
| Home Association President _____ | | President's Signature _____ |
| Tel # () _____ | Fax # () _____ | e-mail _____ |

Person Alleged to have Tampered (please complete as thoroughly as possible)

| | | |
|----------------------------------|-----------------|-------------------|
| Name: _____ | | |
| Association: _____ | | Position _____ |
| Address: _____ | | |
| City / Town: _____ | | Postal Code _____ |
| Tel # () _____ | Fax # () _____ | e-mail _____ |
| | | |
| Home Association President _____ | | Tel # () _____ |
| or Team Contact _____ | | Fax # () _____ |

Player(s) Allegedly Involved

| | | | | | |
|-------------|-------|---------------------|--------|--------|-------|
| Name: | _____ | Age | _____ | OWHA # | _____ |
| Team | _____ | Division & Category | _____ | _____ | |
| Address: | _____ | City/Town | _____ | | |
| Postal Code | _____ | Tel # | () | _____ | |

| | | | | | |
|-------------|-------|---------------------|--------|--------|-------|
| Name: | _____ | Age | _____ | OWHA # | _____ |
| Team | _____ | Division & Category | _____ | _____ | |
| Address: | _____ | City/Town | _____ | | |
| Postal Code | _____ | Tel # | () | _____ | |

| | | | | | |
|-------------|-------|---------------------|--------|--------|-------|
| Name: | _____ | Age | _____ | OWHA # | _____ |
| Team | _____ | Division & Category | _____ | _____ | |
| Address: | _____ | City/Town | _____ | | |
| Postal Code | _____ | Tel # | () | _____ | |

Incident Information

| | | | |
|-----------------------------------|-------|---|-------|
| Date: | _____ | Location: | _____ |
| Description of Incident: _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Additional documentation attached | | Witness(es) documentation (signed) attached | |

Complainant Signature: _____ Date: _____

Please return completed report form to:
Ontario Women’s Hockey Association
225 Watline Avenue, Mississauga, Ontario L4Z 1P3
Tel: (905) 282-9980

| | |
|--------------------------------|--|
| OFFICE USE ONLY | Date Filed: _____ Date Acknowledged: _____ Fax Mail e-mail |
| | CC: _____ |
| | Action Taken: _____ |
| | _____ |
| | Response: _____ |