



Ontario Women's Hockey Association
 225 Watline Avenue
 Mississauga, Ontario
 L4Z 1P3

OWHA Referee Program

PROOF OF INSURANCE / REFUND REQUEST

Hockey Canada Player, on-ice/on-bench staff and referee insurance is on a named-insured basis. Each individual is only required to pay a premium for Hockey Canada insurance one time per season. For the purpose of providing proof of insurance, for individuals who have already paid insurance with Hockey Canada, this form is to be completed and forwarded to the OWHA office (address above). Upon approval from the OWHA registrar, a refund cheque (in the official's name) will be issued and mailed to the address listed below.

Name of Insured: _____ OWHA Referee #: _____
 Address: _____ Email: _____
 City: _____ Postal Code: _____
 Phone: H _____ Phone: W _____
 Cell: C _____ Date: _____
 Team Name: _____ Category: _____

I have already paid the Hockey Canada Insurance Premium through:

POSITION	TEAM	CATEGORY	OWHA (4)	OTHER ASSOCIATION
Player				
Coach				
Trainer				
Manager				
Referee				
Other				

Other: Please note the association. Other Hockey Canada affiliated organizations in Ontario are:
 GTHL - HNO - Alliance - NOHA - ODMHA - HEO - OHA - OHL – OMHA

THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM / ASSOCIATION HAVING RECEIVED PAYMENT OF THE APPLICANT'S 2017/2018 HOCKEY CANADA INSURANCE PREMIUM.

I, _____ of the _____
 team verify that the above named applicant has paid her/his Hockey Canada insurance (player or on-ice/on-bench staff, referee) premium through the _____ team/association.

Applicant's Signature: _____ Team Official's Signature: _____

NOTE TO TEAMS / ASSOCIATIONS: *The above named official is eligible for a refund of their Hockey Canada insurance provided that their team did not claim an exemption when submitting their current Team, Player or Referee registration form(s). It is important that the participant be covered under the Hockey Canada insurance when participating in any Hockey Canada program.*