

Ontario Women's Hockey Association  
 225 Watline Avenue  
 Mississauga, Ontario L4Z 1P3  
 Phone: (905) 282-9980  
 Email: registrar@owha.on.ca

www.owha.on.ca



**PROOF OF INSURANCE (POI)**

**Referees must retain refund through the Referee Program.**

**NOTE: This form is ONLY required if fees were paid OUTSIDE your association  
 This form **WILL NOT** be accepted **AFTER DECEMBER 31.****

Hockey Canada players, 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. **Individuals who have already paid insurance with Hockey Canada are to complete this form and send it in with team registration material.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: H (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_  
 C (\_\_\_\_\_) \_\_\_\_\_ Team #: \_\_\_\_\_  
 Team Name: \_\_\_\_\_ Division/Category: \_\_\_\_\_  
 =====

*I have already paid the Hockey Canada Insurance Premium through:*

POSITION	TEAM NAME	DIVISION & CATEGORY	OWHA TEAM ID #	* OTHER ASSOCIATION
OWHA Player				
FDP Player **				
Coach				
Trainer				
Manager				
Other				

\* Other Hockey Canada affiliated organizations in Ontario are:

ALLIANCE - GTHL – HNO - NOHA – ODMHA - HEO - OHA - OHL - OMHA

\*\* FDP Player – Female Development Player – Player who paid their 2021-2022 Hockey Canada insurance through minor “boys” hockey (not permitted in GTHL, HEO and Alliance) in Ontario

THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM/ASSOCIATION HAVING RECEIVED PAYMENT OF THE APPLICANT’S 2021-2022 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) premium through the \_\_\_\_\_  
 \_\_\_\_\_ team / association.*

\_\_\_\_\_  
 Applicant's Signature      Team/Assoc. Official's Signature      (      )  
 \_\_\_\_\_  
 Telephone Number

**NOTE TO OWHA TEAM:** Please forward a completed POI form for each applicant having already paid their Hockey Canada Insurance. Please attach to “Team Finances” remittance form.  
**Refund of \$25.00 will be issued upon receipt of Proof of Insurance.**