



*CARHA Hockey would like to welcome and thank you for registering for the upcoming season
In completing the form below, the league is committed to registering as a
CARHA Hockey Member for the 2024-2025 season.*

LEAGUE DETAILS		
League Name _____	Start Date _____	End Date _____
	MM/DD/YY	MM/DD/YY
DRAFT <input type="checkbox"/> Number of Players _____	TEAM BASED <input type="checkbox"/> Number of Teams _____	
League Website _____		
Which arena(s) does the league play out of: _____		
City the league is based out of: _____		
Name Additional Insureds (if applicable): _____		
Please confirm that all players are 18+ years and older - <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If you chosen "No" please confirm the number of underage players and their age: _____		
Are you interested in learning about CARHA Hockey's complimentary services (website, live stats, schedule)? <input type="checkbox"/> Yes or <input type="checkbox"/> No		

WELCOME GIFT
Welcome to CARHA Hockey! As a token of our appreciation, a League Convenor gift will be sent to you in the mail in November. If sizing is required, you will be contacted via email before the gift is sent to you. Thank you and we look forward to working with you and your teammates this season!

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THAT THERE IS A RISK OF BEING INJURED WHEN PLAYING THE GAME OF HOCKEY.

The Canadian Adult Recreational Hockey Association (CARHA Hockey) is committed to protecting the privacy and confidentiality of your personal information in our possession and complying with applicable privacy laws in Canada, including the *Personal Information Protection and Electronic Documents Act*. In furtherance of this commitment, CARHA Hockey has adopted a Privacy Policy and appointed a Chief Privacy Officer who is accountable for our compliance with applicable privacy laws and CARHA Hockey's Privacy Policy.

Please consider this notification of confirmation that the collection of personal information by CARHA Hockey is limited to that which is necessary for communications with you, membership registration organizing hockey tournaments as the official national body for recreational hockey in Canada, determining if our products and services, or those of our partners, meet your needs, offering and providing our products and services, or those of our partners, that may be of interest to you, collecting monies owing to CARHA Hockey or permitting CARHA Hockey to pursue available remedies or limit any damages it may sustain, complying with all applicable laws or for other purposes that are disclosed to you before or at the time the personal information is collected. Unless required by law, we will obtain your consent before using or disclosing your personal information for a purpose not previously identified.

A complete copy of CARHA Hockey's Privacy Policy and instructions for unsubscribing from our mailing lists and/or informing us of your preferences for the use and disclosure of your personal information can be found on our website at www.carhahockey.ca or obtained by writing to us at the address below.

For further information about CARHA Hockey's Privacy Policy, to address any concerns you have, to review or verify your personal information in our control or to find out how we have used it or to whom we have disclosed it, please email CARHA Hockey's Chief Privacy Officer - privacy@carhahockey.ca or contact us in writing at the address below.



Suite 610, 1420 Blair Towers Place, Ottawa, ON K1J 9L8
Tel: (613) 244-1989 / (800) 267-1854 • Fax: (613) 244-0451 / (866) 345-1975

info@carhahockey.ca

carhahockey.ca



LEAGUE CONTACT INFORMATION FORM

LEAGUE DETAILS

League Name _____ Start Date _____ End Date _____
MM/DD/YY MM/DD/YY

DRAFT Number of Players _____ TEAM BASED Number of Teams _____

PRESIDENT/CONVENOR

Name _____ Home (_____) - _____

Address _____ Work (_____) - _____ ext _____

City _____ Prov. _____ Postal Code _____ Fax (_____) - _____

E-mail _____

VICE-PRESIDENT

Name _____ Home (_____) - _____

Work _____ ext _____ Fax (_____) - _____

E-mail _____

TREASURER

Name _____ Home (_____) - _____

Work _____ ext _____ Fax (_____) - _____

E-mail _____

SECRETARY

Name _____ Home (_____) - _____

Work _____ ext _____ Fax (_____) - _____

E-mail _____

TO BEST SERVE YOUR SPECIFIC NEEDS, PLEASE TAKE A MOMENT AND COMPLETE THE FOLLOWING

DOES YOUR LEAGUE HOST:
 Tournament(s) Yes No Tournament Name _____
 Date _____

Banquet(s)/Socials Yes No Date _____
 Date _____

Would you like prizing options for your league? Yes No

Who is your Referee Assignor (if applicable)? _____

I would like to receive CARHA Hockey Newsletters! Yes No

CARHA Hockey is a not-for-profit organization that provides its members with flexible and cost-effective options for comprehensive insurance coverage. All benefits available under the CARHA Hockey insurance protection program are subject to the actual terms and conditions of the insurance policy in force during the period of membership. Insurance procured and provided by CARHA Hockey may not cover all potential losses, damages or injuries that a player might sustain playing hockey. The coverage offered by CARHA Hockey is reasonable in the circumstances given its financial resources and any additional coverage would be unavailable or cost-prohibitive. All members are responsible for ensuring that their insurance coverage is suitable in their own specific circumstances. The information contained herein highlights the CARHA Hockey insurance protection program but does not create or confer any contractual rights and the benefits available during the period of membership may vary based on market conditions and benefit availability. If there is any question of interpretation all rights and benefits will be governed by the terms of actual terms and conditions of the insurance policy in force during the period of membership. CARHA Hockey reserves the right to amend, substitute or revoke any or all of the benefits available under the CARHA Hockey insurance protection program without notice in its sole discretion.

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LEAGUE TEAMS

- 1) TEAM NAME _____
- 2) TEAM NAME _____
- 3) TEAM NAME _____
- 4) TEAM NAME _____
- 5) TEAM NAME _____
- 6) TEAM NAME _____
- 7) TEAM NAME _____
- 8) TEAM NAME _____
- 9) TEAM NAME _____
- 10) TEAM NAME _____
- 11) TEAM NAME _____
- 12) TEAM NAME _____
- 13) TEAM NAME _____
- 14) TEAM NAME _____
- 15) TEAM NAME _____
- 16) TEAM NAME _____
- 17) TEAM NAME _____
- 18) TEAM NAME _____
- 19) TEAM NAME _____
- 20) TEAM NAME _____

CARHA HOCKEY

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PAYMENT INFO

_____ X \$ 25.00 = \$ _____
 No. of players (estimate) or Membership Total
 No. of teams (estimate)

As the league representative, I agree to submit payment equivalent to the above-noted total to **CARHA Hockey** within two (2) weeks of our league start date and understand that membership fees are non-refundable. Please provide date by which you will submit payment _____

If we do not submit payment before that time, **CARHA Hockey** will give you an additional 2 business days to organize your method of payment before your liability insurance is temporarily suspended.

Cheque/Money Order **E-transfer to payments@carhahockey.ca** (Please use 'hockey' as the password)
 VISA **MC** CARD # _____ EXPIRY DATE _____ CVC (3 #'s ON BACK OF CARD) _____

CARD HOLDER (PLEASE PRINT) _____ SIGNATURE (AUTHORIZATION) _____

DATE FOR PROCESSING _____ MUST BE WITHIN TWO WEEKS OF THE LEAGUE START DATE, UNLESS A LATER DATE IS AGREED UPON BY BOTH THE LEAGUE AND CARHA HOCKEY.

I understand that if I do not complete and return this form to **CARHA Hockey, the Hockey Insurance for the above noted league and its participants may not be put into effect.**

NAME (PLEASE PRINT) _____ SIGNATURE _____ DATE _____

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