



REFEREE ASSOCIATION REGISTRATION FORM (2024-2025)

REFEREE ASSOCIATION DETAILS

Referee Association Name _____

Number of Refs _____ Number of Crests _____ Number of Rule Books _____

REFEREE ASSOCIATION REPRESENTATIVE

Name _____ Phone _____

Address _____ Alt. Phone _____ ext _____

City _____ Prov. ____ Postal Code _____

E-mail _____

ALTERNATE CONTACT

Name _____ Phone _____

Alt. Phone _____ ext _____ Email _____

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

PLEASE LIST THE TOURNAMENTS AND LEAGUES YOUR REFEREE ASSOCIATION OFFICIATE:

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Does your association officiate ball hockey? 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.

The collection of personal information by Canadian Adult Recreational Hockey Association (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.



Suite 610, 1420 Blair Towers Place, Ottawa, ON K1J 9L8

Tel: (613) 244-1989 / (800) 267-1854 • Fax: (613) 244-0451 / (866) 345-1975

hockey@carhahockey.ca

carhahockey.ca



REGISTRATION (2023/2024)

\$25/REFEREE

1	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
2	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
3	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
4	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
5	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
6	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO
7	FIRST NAME	LAST NAME	DATE OF BIRTH (MM / DD / YY)	NCCP PROGRAM LEVEL OBTAINED 1 2 3 4 5 6 N/A
	EMAIL		PHONE #	NATL REF REGISTRY YES NO

PAYMENT METHOD:	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to CARHA Hockey)	# OF PARTICIPANTS _____ x \$25 = \$ _____
	<input type="checkbox"/> E-transfer to payments@carhahockey.ca (<i>Please use hockey as the password</i>)	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Expiry Date _____
	Card Holder (PLEASE PRINT) _____	Signature (AUTHORIZATION) _____

MEMBERSHIP FEES ARE NON-REFUNDABLE

I would you like to receive CARHA Hockey newsletters! Yes No (You can change your preferences at any time).

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