

## **REFEREE ASSOCIATION REGISTRATION FORM** (2024-2025)

#### **REFEREE ASSOCIATION DETAILS**

Referee Association Name   Number of Refs Number of Crests							
REFEREE ASSOCIATION REPRESENTATIVE							
Name	Phone						
Address		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

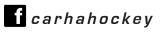
PLEASE LIST THE TOURNAMENTS AND LEAGUES YOUR REFEREE ASSOCIATION OFFICIATE:

Tournament/League Name
Organizer
Tournament/League Name
Organizer
Tournament/League Name
Organizer

#### Does your association officiate ball hockey? $\Box$ Yes $\Box$ 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 insurance policy in stance given its financial resources and any additional coverage would be unavailable under their own specific circumstances. The information contained herein highlights the CARHA Hockey insurance protection program but does not create or confer any based on market conditions and benefits availability. If there is any question of interestation and under their suns ance spoins 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 to pursue available remedies or limit any damages it may sustain, complying with all applicable laws or for or 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.



# CARHA 🕞 HOCKEY



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)

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

Cheque / Money Order enclosed (payable to CARHA Hockey) # OF PARTICIPANTS \_\_\_\_\_ x \$25 = \$ \_\_\_\_ DOH. Z Ш E-transfer to payments@carhahockey.ca (Please use hockey as the password) CVC (Security Code) □ VISA □ 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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\$25/referee