Ontario Minor Hockey Association
25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7
Tel: 905-780-OMHA (6642) Fax: 905-780-0344
Go to the net at: www.omha.net · E-mail: omha@omha.net

2006/2007 ON-ICE VOLUNTEER INSURANCE FORM

Please remit to the OMHA office by December 10, 2006

Date	
Centre	
Form Completed By (Please Print)	
Address	
City/Town/Postal Code	
Home Telephone	Area Code ( )
Business Telephone	Area Code ( ) Ext.
Fax	
E-Mail Address	

ON-ICE VOLUNTEERS				
Surname	First Name	D.O.B. (dd-mm-yr)	Address	Tel.

TOTAL NUMBER OF ON-ICE VOLUNTEERS:_____ X $17.44 = $_____
(Total Remitted)

NOTES:
The $17.44 represents the insurance premium amount only.
This form is to be used to identify all on-ice volunteers not currently registered as Team Officials to your Association.
Submission and remittance of the appropriate Premium is the responsibility of the Association.

PLEASE DO NOT FAX THIS FORM TO OUR OFFICE

Remittance to be made payable to:
Ontario Minor Hockey Association
25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF) (their respective executives, employees, coaches, trainers, referees and volunteers) for registration purposes and to administer the rules and regulations of the OMHA and provide notification of any upcoming events or other activities. In order to do so, the OMHA, it's Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.