2019-20 ENTRY LEVEL REFEREE CLINICS IN THE W.O.A.A. AREA

From: Don Shropshall, W.O.A.A. Referee Clinic Coordinator. (519) 482-3092 (H) donshrop@icloud.com

This is an application for Entry Level Referee Clinics to be held for the 2019-20 season in the W.O.A.A. area. This application is to be used if you are a NEW official or returning to the program after letting your Referee certification lapse. DO NOT use this form if you have missed a Recertification Clinic or are presently officiating. Registration will begin at 7:30 A.M., classes will begin at 8:00 A.M. This will be a full day clinic. There will be an on-ice session from 3:00 P.M.-4:00 P.M. so please bring a helmet, skates and a whistle as well as a pen/pencil and paper for the in class presentation.

REQUIREMENTS:

- There is a Hockey University e-learning prerequisite that <u>MUST</u> be completed prior to the day of the clinic. A certificate of your completed Hockey University e-learning must also be brought to the clinic with you. Failure to provide your certificate; you will be unable to participate in the clinic. All Entry Level clinic participants after registering and submitting payment to the Clinic Contact (as listed) will be given information how to obtain the online certificate.
- If you are 15 years of age or older, you <u>MUST</u> also do the Respect in Sports Activity Leader Course online and bring the certificate to the clinic as verification that you have completed it. You can access this course by going to <u>www.omha.net</u> and clicking on "REFEREES" on the top of the screen, click on "EDUCATION" in the drop down menu and then scroll down the page to Respect In Sport section and click on RESPECT IN SPORT ACTIVITY LEADER COURSE.

NEW APPLICANTS 15-17 YEARS OF AGE AS OF DECEMBER 31st:

• Applicants ages 15-17 as of December 31st will **NO LONGER** be required to obtain a Police Record Check or signing of a Declaration Form is not required.

APPLICANTS 18 YEARS OF AGE AS OF DECEMBER 31st:

• <u>MUST</u> provide a copy of a Police Record Check (including Vulnerable Sectors Screening) in a sealed envelope the morning of the clinic or a receipt from the police saying it is being processed, for attendance to be permitted.

Please complete the application form on the next page.

<u>CLINIC COST REGISTRATION FEE (INCLUDES SNACKS, REFRESHMENTS, ICE SESSION AND HALL RENTAL)</u>

15 YEAR OLD, AS OF DECEMBER 31 LEVEL ONE \$160.00 16 AS OF DECEMBER 31, AND OLDER LEVEL TWO \$210.00

COMPLETE APPLICATION FORM BELOW AND SEND TO CLINIC CONTACT WITH PAYMENT BY SUBMISSION DATE.

INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:

DATE	OF CLINIC:	<u>LOCATION:</u>		SUBMIT APPLICATION & FEES BY:
	SAT., OCT. 19, 2019 (Zurich Arena, 15 East Street Clinic Hosted by: Goderich M CONTACT: Hailey Stoll Can be paid by e-transfer to to	, ZURICH, ON NOM 1 Minor Hockey 519-440-0311	2T0) 5 specialevents@	OCTOBER 12, 2019 519-236-4969 goderichminorhockey.ca
	SAT., OCT. 26, 2019 (Steve Kerr Memorial Compl 519-291-4875 Clinic Hosted by: Listowel M CONTACT: Trevor Angel Can be paid by cheque to List	ex, 965 Binning Street linor Hockey 519-492-0712	West, LISTOW	
NAMI	E:			
STREET:			_ TOWN:	
(RUR	AL) 911 ADDRESS:			
OR L	OT: CONC.: T	WSP:		
POST	AL CODE:			
PREV	TOUS ADDRESS (IF MOVED	IN THE LAST 5 YRS):_		
PHON	NE NUMBER:			
EMAI	IL:			
DATE	E OF BIRTH:DAY/MONT			
*PLE	ASE INDICATE ANY FOOI	O ALLERGIES:		
The W.O.A offering ad programs is	A.A. does not sell, trade or otherwise share the inform ditional services, promotions, including promotions is entirely at your discretion, should you choose NOT or checking the OPT-OUT box above, your personal is	offered by third parties. This type of u to allow this type of usage, please che	sage of personal informatio ck the OPT-OUT box.	
			Signature:	