## 2018-19 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 2018-19 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 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.
- All candidates <u>MUST</u> provide a copy of a Police Record Check 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. For ages 14-17 years, require a regular Criminal Records check and for 18 years and older require a Vulnerable Sectors Screening check.
- If you are 14 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 "CLINICS" on the right hand side of the screen and then scroll down the page to Respect In Sport section and click on RiS ACTIVITY LEADER PROGRAM for TEAM & GAME OFFICIALS.

Please complete the application form on the next page.

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

14 AND 15 YEAR OLDS, 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:		LOCATION:	SUBMIT APPLICATION & FEES BY:
	N7A 4N4 519-524-21 CONTACT: Haley Stoll	ation Centre (YMCA), 190 Sunc	
	519-638-3333 CONTACT: Steve Skerrit	DRAYTON on Arena, 68 Main Street West, I t 519-829-5263 s.c.ske further instruction and to arrange	DRAYTON, ON NOG 1P0
NAM	Œ:		
STREET:		TOWN:	
(RUR	RAL) 911 ADDRESS:		
OR I	LOT: CONC.:	TWSP:	
	TAL CODE:		
	NE NUMBER:		
	IL:		
	E OF BIRTH:	NTH/YEAR	
The W.O. offering a programs	dditional services, promotions, including promoti is entirely at your discretion, should you choose I	formation we collect outside our association, however ons offered by third parties. This type of usage of pers NOT to allow this type of usage, please check the OPT-nal information WILL NOT be distributed outside our a	we may from time to time use the information for the purposes of onal information by the W.O.A.A., its teams, leagues and/or OUT box.
		Signat	ure: