



TOURNAMENT REGISTRATION FORM

CARHA HOCKEY REGISTERED PLAYERS ACKNOWLEDGE THAT THERE IS A RISK OF BEING INJURED WHEN PLAYING THE GAME OF HOCKEY.

TOURNAMENT INFORMATION

Tournament Name _____

Start Date _____ End Date _____ Website/Twitter _____

Proposed # of: Teams ____ Divisions ____ Divisions: 19+ 35+ 40+ 45+ 50+ 60+ Ladies Other: _____

Organizer _____ Host Team _____

League Name (if applicable) _____

Shipping Address _____ E-mail _____

City _____ Province _____ Postal Code _____

Phone _____ Alt Phone _____

Location of Tournament (Municipality) _____

Tournament Web Listing? YES NO Beer Garden? YES NO

Additional insured you request to be named on certificate (Arena, municipality, city, etc.) _____

Are you interested in a complimentary tournament website? YES NO

Are you interested in participating in our Molson program? YES NO

Are you interested in learning more about our live stats options? YES NO

Do you require gamesheets and standings boards? YES NO

TOURNAMENT HOST FEES (Coverage only)

Tournament with 2-23 Teams – \$325 Tournament with 24-47 Teams – \$550 Tournament with 48+ Teams – \$1,000

ORIGINAL SIX FEES (Coverage and Prizing)

2 Divisions – \$625 t-shirts

3 Divisions – \$715 t-shirts

4 Divisions – \$805 t-shirts

5 Divisions – \$975 t-shirts

6 Divisions – \$1220 t-shirts

7 Divisions – \$1320 t-shirts

8 Divisions – \$1410 t-shirts

9 Divisions – \$1510 t-shirts

10 Divisions – \$1600 t-shirts

**** NOTE: PAYMENT MUST BE RECEIVED BY CARHA HOCKEY BEFORE THE TOURNAMENT PACKAGE WILL BE SHIPPED ****

**** NOTE: LAST MINUTE REQUESTS MAY INCUR ADDITIONAL FEES FOR COVERAGE ****

PAYMENT METHOD:	<input type="checkbox"/> Cheque (payable to CARHA Hockey)	PAYMENT AMOUNT _____
	<input type="checkbox"/> E-transfer to payments@carhahockey.ca (contact CARHA Hockey for password)	
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____ Expiry Date _____ CVC# _____	
	Card Holder (PLEASE PRINT) _____ Signature (AUTHORIZATION) _____	

CARHA HOCKEY MUST RECEIVE THE TOURNAMENT PACKAGE REGISTRATION FORM A MINIMUM OF 4 WEEKS PRIOR TO THE START OF THE EVENT IN ORDER TO GUARANTEE DELIVERY OF PACKAGES. TOURNAMENTS CANCELLED WITHIN 4 WEEKS OF THE START DATE WILL BE REFUNDED THEIR FEE MINUS A \$50 PROCESSING CHARGE. TOURNAMENTS SUBMITTING SUPPORT FORMS WITHIN 2 WEEKS OF START DATE WILL BE ELIGIBLE TO RECEIVE LIABILITY COVERAGE ONLY.

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



Tournament Host Agreement

For your tournament to be considered CARHA Hockey sanctioned and hence, have the \$10 million liability coverage extended to your tournament host committee, please acknowledge and agree to the following terms and conditions.

Tournament Name: _____

(in-office use) 60 - _____

TERMS AND CONDITIONS:

We agree:

- 1 To play by adult recreational and oldtimer rules using CARHA Hockey's Official Rule Book as a guideline;
- 2 That Host Liquor Liability Coverage is only in effect if the appropriate liquor license/permits are acquired and servers are using Smart Serve, Serving It Right, or your province's equivalent;
- 3 To collect player rosters via official game sheet or team roster form, if applicable;
- 4 To utilize CARHA Hockey game sheets or a game sheet that is deemed similar, if applicable;
- 5 To report any match penalties and/or game suspensions to CARHA Hockey;
- 6 That the liability insurance is extended to the tournament hosts only and not to the players unless the players are playing on a CARHA Hockey member team;
- 7 That both liability and on-ice sport insurance for the tournament play is available to non-CARHA Hockey member teams through CARHA Hockey.
- 8 I understand that this liability coverage does not include sport accident coverage for tournament participants. Team coverage must be purchased separately.

Name _____ Signature _____ Date _____
MM / DD / YY

Please return to hockey@carhahockey.ca or fax to 1-866-345-1975



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HOCKEY SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

PLEASE COMPLETE FORM IF HOST LIQUOR LIABILITY COVERAGE IS REQUIRED

PART 1: GENERAL INFORMATION

Name of Applicant / Name of Insured:			
Street Address:			
City/Province:		Postal Code:	
Contact Name:		Email:	
Telephone:	()	Event Website, Facebook page, etc., if Applicable:	

PART 2: UNDERWRITING INFORMATION

Describe Event:			
Previous Experience Holding this Type of Event:			
Location of Event:			
Effective Date :	From	Time	
	To	Time	

Please provide the following information about the daily activities and estimated attendance:

	Main Activity	Estimated Attendance	Other Activities	Total Attendance
Day 1				
Day 2				

*Attach separate sheet for events beyond two days or to provide more detail

Are you serving or providing alcoholic drinks at any time?

When?	
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Name & Address of Liquor Permit Holder or Third Party Licensed Establishment::

Gross Receipts for Liquor:

If not Third Party Establishment

Type of Function:	
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All Liquor Service Staff Certified by one of the Provincially-Approved Programs? Yes: No:

Describe any anti-impairment measures or signage in place at the event e.g. designated driver, max number of drinks served at one time, taxi chits etc.

If none, advise how you would respond to an impaired attendee at the event

Any fireworks, inflatables, camping, amusement devices or shuttle service at the event? Yes: No:

If yes describe:		
Describe safety measures and risk management plans in force, i.e. parking, traffic, security, supervision, first aid, emergency evacuation procedures, etc.		
PART 3: COVERAGE REQUIREMENTS		
Limit Available: \$2,000,000		
Has any company previously declined or cancelled any insurance coverage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Previous Insurer:		
Name & Policy Number:		
Previous Premium:		
Previous Loss History in the past five years:		

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Authorized Signature: _____

Please Print Name: _____

Position or Title: _____ Date: [Click here to enter date.](#)