



REFEREE ASSOCIATION REGISTRATION FORM (2018/2019)

REFEREE ASSOCIATION DETAILS

Referee Association Name _____

Number of Refs _____ Number of Crests _____ Number of Rule Books _____

REFEREE ASSOCIATION REPRESENTATIVE

Name _____ Phone (_____) _____ - _____

Address _____ Work (_____) _____ - _____ ext _____

City _____ Prov. _____ Postal Code _____ Fax (_____) _____ - _____

E-mail _____

ALTERNATE CONTACT

Name _____ Home (_____) _____ - _____

Work _____ ext _____ Fax (_____) _____ - _____

E-mail _____

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 _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

Tournament/League Name _____

Organizer _____

The Canadian Adult Recreational Hockey Association (CARHA Hockey) is committed to protecting the privacy and confidentiality of your personal information in our possession and complying with applicable privacy laws in Canada, including the *Personal Information Protection and Electronic Documents Act*. In furtherance of this commitment, CARHA Hockey has adopted a Privacy Policy and appointed a Chief Privacy Officer who is accountable for our compliance with applicable privacy laws and CARHA Hockey's Privacy Policy.

Please consider this notification of confirmation that the collection of personal information by 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.

A complete copy of CARHA Hockey's Privacy Policy and instructions for unsubscribing from our mailing lists and/or informing us of your preferences for the use and disclosure of your personal information can be found on our website at www.carhahockey.ca or obtained by writing to us at the address below.

For further information about CARHA Hockey's Privacy Policy, to address any concerns you have, to review or verify your personal information in our control or to find out how we have used it or to whom we have disclosed it, please email CARHA Hockey's Chief Privacy Officer - privacy@carhahockey.ca or contact us in writing at the address below.



Suite 610, 1420 Blair 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 - (2018-2019)

\$12/REFEREE

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

PAYMENT METHOD :	<input type="checkbox"/> Cheque/ Money Order enclosed (payable to CARHA Hockey)	# OF PARTICIPANTS _____ x \$12 = \$ _____
	<input type="checkbox"/> E-transfer to payments@carhahockey.ca	
	<input type="checkbox"/> Payment via Online Banking	Payment Date _____
	<input type="checkbox"/> VISA <input type="checkbox"/> MC CARD # _____	Expiry Date _____
Card Holder (PLEASE PRINT) _____		Signature (AUTHORIZATION) _____

REFEREE ASSOCIATION REP SIGNATURE: _____ DATE: _____

CARHA HOCKEY REGISTERED MEMBERS ACKNOWLEDGE THE RISK OF BEING INJURED WHILE PLAYING THE GAME OF HOCKEY.

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