Ontario Women's Hockey Association
225 Watline Avenue
Mississauga, Ontario L4Z 1P3
Phone: (905) 282-9980
Email: registrar@owha.on.ca www.owha.on.ca

PROOF OF INSURANCE (POI)

Referees must retain refund through the Referee Program.

NOTE: This form is ONLY required if fees were paid OUTSIDE your association
This form WILL NOT be accepted AFTER DECEMBER 31.

Hockey Canada players, on-ice/on-bench staff and referee insurance is on a named-insured basis. Each individual is only required to pay a premium for Hockey Canada insurance one time per season. **Individuals who have already paid insurance with Hockey Canada are to complete this form and send it in with team registration material.**

Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: H (____) _____ Date: _____
C (____) _____ Team #: _____
Team Name: _____ Division/Category: _____

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I have already paid the Hockey Canada Insurance Premium through:

POSITION	TEAM NAME	DIVISION & CATEGORY	OWHA TEAM ID #	* OTHER ASSOCIATION
OWHA Player				
FDP Player **				
Coach				
Trainer				
Manager				
Other				

* Other Hockey Canada affiliated organizations in Ontario are:
ALLIANCE - GTHL – HNO - NOHA – ODMHA - HEO - OHA - OHL - OMHA

** FDP Player – Female Development Player – Player who paid their current season's Hockey Canada insurance through minor "boys" hockey (not permitted in GTHL, HEO and Alliance) in Ontario

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THE FOLLOWING MUST BE COMPLETED & SIGNED BY AN AUTHORIZED OFFICIAL OF THE TEAM/ASSOCIATION HAVING RECEIVED PAYMENT OF THE APPLICANT'S CURRENT SEASON'S HOCKEY CANADA INSURANCE PREMIUM.

I, _____, of the _____ team verify that the above named applicant, has paid her/his Hockey Canada insurance (player or on-ice/on-bench staff) premium through the _____ _____ team / association.

_____ _____ (_____) _____
Applicant's Signature *Team/Assoc. Official's Signature* *Telephone Number*

NOTE TO OWHA TEAM: Please forward a completed POI form for each applicant having already paid their Hockey Canada Insurance. Please attach to "Team Finances" remittance form.
Refund of $38.00 will be issued upon receipt of Proof of Insurance.