2018/2019 REFEREE APPLICATION



WATERLOO MINOR HOCKEY ASSOCIATION WATERLOO GIRLS HOCKEY ASSOCIATION

106 – 2001 University Avenue – Waterloo, Ontario – N2K 4K4 Telephone 519-725-1434





Referees must be at minimum fourteen (14) years of age to officiate in WMHA and WGMHA. Upon acceptance, new referees will be required to successfully complete a Level 1 HCOP certification.

A referee must have at minimum, Level 1 HCOP Certification and, if (18) eighteen years of age or older, a valid Police Record Check. If you do not have a current Police Record Check on file with ALLIANCE Hockey, the required document must be provided before your application can be approved.

A Police Record Check is valid for four seasons. If you have a Police Record Check dated 2011 or older, it is no longer valid. If your Police Record Check is not listed with ALLIANCE Hockey or OWHA, you are required to provide a copy to the WMHA office.

APPLICANT INFORMATION										
APPLICANT INFOR	RIVIATION				I					
Last Name			First Name		Date of I	Birth [DD MM	YYYY		
Address										
City			Province			Postal	Postal Code			
Telephone (H)		Te	elephone (W)			Cell				
Email (H)				Email (W)						
Certification, Experience & Availability										
Certification Level:	None	Leve	el 1 Le	evel 2	Level 3		Level 4	Level 5	5	
Years of Experience Refereeing: Where did you officiate most recently?										
Current Referee-in-Chief Name: Contact Information:										
Will you be playing hockey in WMHA or WGMHA in 2018-2019? House league Rep										
, , , ,	,				J		, No	1		
Will you be playing hockey in another association in 2018-2			in 2018-2019?	ALLIANCE	OMHA	OWHA	Men's League	Other	No	
Will you be officiating for other associations in 2			8-2019?	ALLIANCE	OMHA	OWHA	Men's League	Other	No	
Indicate with an "X" the times that you are normally <i>NOT</i> available to officiate.										
	Sunday	Monday	Tuesday	Wedneso	day T	hursday	Friday	Saturo	day	
Morning										
Afternoon										
Evening										
Priofly docariba ath	ar commitment	to li a work a	ahaal atharam	orto olubo) i	au ara in	من امریامی	that will affect w		ability	

Briefly describe other commitments (i.e. work, school, other sports, clubs) you are involved in that will affect your availability for refereeing WMHA or WGMHA games.

Agreement and Signature							
PLEASE READ CAREFULLY:							
I acknowledge that as an official for WMHA or Won a freelance basis.	ge that as an official for WMHA or WGMHA games, I am not an "employee' of WMHA or WGMHA but I provide my services ce basis.						
· ·	nada, Ontario Hockey Federation, ALLIANCE Hockey and OWHA officiating policies. I at disciplinary action may be imposed for failing to follow policies. In and/or dismissal.						
Injury insurance is provided by Hockey Canada, I for costs that exceed what is covered by OHIP a	not WMHA or WGMHA. I understand that HC injury insurance is supplemental insurance and your personal insurance policies.						
I agree that WMHA, WGMHA, its Board of Dire injuries incurred while officiating in games assign	ctors, Officiating Committee or Referee Assigner will not be financially responsible for ned by WMHA and WGMHA.						
I understand that a condition of receiving assignr amount of time each month when WMHA or WG	nents is my availability and I am required to make my services available for a reasonable SMHA games are taking place.						
I understand that I may be required to officiate g refusal to do such games may result in disciplinate	ames early Saturday/Sunday mornings (as early as 7:00 am) on a regular basis and my ary action up to and including dismissal.						
	times that I declared as "available" and/or games accepted by me are my responsibility. gnments may result in disciplinary action up to and including dismissal.						
As an experienced official, I would be willing to verthrough Atom.	volunteer 2-3 hours per month to assist younger officials in their development at Novice						
	tee an officiating position with WMHA or WGMHA. Acceptance is also dependent on a Re-certification. Applications for Officials to WMHA and WGMHA will be accepted until						
Please submit application for WMHA 8 Attention: Officiating Committee.	WGMHA directly to the Waterloo Minor Hockey Association Office –						
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Signature (Signature of Parent if under 18)	Date						
	OFFICE USE ONLY						
WMHA Initials:	POLICE RECORD CHECK ISSUE DATE YYYY MM DD						