Ontario Women's Hockey Association
5155 Spectrum Way, Building #3
Mississauga, Ontario L4W 5A1
Phone: (905) 282-9980 Fax: (905) 282-9982
email info@owha.on.ca www.owha.on.ca

PROOF OF INSURANCE (POI) – 2009/2010

Proof of Insurance to be submitted with the registration. Proof of Insurance 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: _____ OWHA # _____
Address: _____
_____ Postal Code: _____
Phone: H (_____) _____ B (_____) _____
F (_____) _____ Date: _____
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 – ODHA - OHA - OHL - OMHA

** FDP Player – Female Development Player – Player who paid their 2009-2010 Hockey Canada insurance through minor "boys" hockey (not permitted in GTHL) in Ontario (See Appendix 'A' Policy Re: Female Registration /Affiliation)

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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 2009/2010 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, referee) 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 2009-2010 Hockey Canada Insurance. Please attach to "Team Finances" remittance form. **Refund of $30.00 will be issued upon receipt of Proof of Insurance.**