2014-15 ENTRY LEVEL CLINICS

From: Don Shropshall, W.O.A.A. Referee Clinic Coordinator. (519) 482-3092 (H) donshrop@icloud.com

This is an application for Entry Level Referee Clinics to be held for the 2014-15 season in the W.O.A.A. area as listed below. This application is to be used if you are a NEW official or returning to the program after letting your Referee certification lapse. DO NOT use this form if you have missed a Recertification Clinic or are presently officiating. Registration will begin at 8:00 A.M., classes will begin at 9:00 A.M. This is a four (4) hour in-class clinic with a Hockey University e-learning prerequisite to be completed prior to the day of the clinic. A certificate of your completed Hockey University e-learning must also be brought to the clinic with you. Failure to provide your certificate; you will be unable to participate in the clinic. All Entry Level clinic participates after registering and submitting payment to the Clinic Contact (as listed below) will be given information how to obtain the online certificate. Also, all candidates, regardless of age, MUST provide a copy of a Police Record Check in a sealed envelope the morning of the clinic or a receipt from the police saying it is being processed, for attendance to be permitted. NEW: If you are 16 years of age or older you must also do the Respect in Sports Activity Leader Course online and bring the certificate to clinic as verification that you have completed it. Please bring a pencil and note pad; skates, helmet and whistle as there will be a one hour ice session. The cost of the clinic is as indicated below and includes snacks, refreshments and the hall rental. Please complete the application form on the bottom.

CLINIC REGISTRATION FEE INCLUDES SNACKS, REFRESHMENTS AND HALL RENTAL

14 AND 15 YEAR OLDS, AS OF DECEMBER 31 LEVEL ONE \$140.00 16 AS OF DECEMBER 31, AND OLDER LEVEL TWO \$190.00

DETACH BELOW AND RETURN FORM AND SEND TO CLINIC CONTACT WITH PAYMENT BY DATE INDICATED BELOW:

INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT **CLEARLY: DATE OF CLINIC: LOCATION: SUBMIT APPLICATION & FEES BY:** SAT., OCT. 18, 2014 **KINCARDINE OCTOBER 10, 2014** (Tiverton Sport Arena, Hwy #21 North King St., TIVERTON, ON) MAKE CHEQUES PAYABLE TO: KINCARDINE MINOR HOCKEY CONTACT: Tom Desmond, 10 Deborah Drive, KINCARDINE, ON N2Z 2M5 (519) 396-3498 (H), (519) 386-5357 (C) toolytom@hotmail.com SUN., OCT. 19, 2014 **LUCKNOW OCTOBER 11, 2014** (Lucknow Community Centre, 694 Willoughby St., LUCKNOW, ON) MAKE CHEQUES PAYABLE TO: WINGHAM LION'S CLUB CONTACT: Joe Collison, P.O. Box 751, WINGHAM, ON NOG 2W0 (519) 357-4319 (H), (519) 531-0936 (C) winghamrefs@gmail.com SAT., OCT. 25, 2014 **MILVERTON OCTOBER 17, 2014** (Perth East Recreational Complex, 40 Temperance St., MILVERTON, ON) MAKE CHEQUES PAYABLE TO: MILVERTON MINOR HOCKEY CONTACT: Nathan Matheson, P.O. Box 487, 14 Fulton St., MILVERTON, ON NOK 1M0 matheson_77@hotmail.com (519) 595-3699 (H) NAME: ____ TOWN: ____ **STREET:** (RURAL) 911 ADDRESS: __ OR LOT: ____ CONC.: ____ TWSP: _____ **POSTAL CODE:** PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS): PHONE NUMBER: **DATE OF BIRTH:** EMAIL: _ DAY **MONTH YEAR** PRIVACY POLICY: "OPT-OUT" PROVISION: The W.O.A.A. does not sell, trade or otherwise share the information we collect outside our association, however we may from time to time use the information for the purposes of offering additional services, promotions, including promotions offered by third parties. This type of usage of personal information by the W.O.A.A., its teams, leagues and/or programs is entirely at your discretion, should you choose NOT to allow this type of usage, please check the OPT-OUT box.

Signature:

NOTE: By checking the OPT-OUT box above, your personal information WILL NOT be distributed outside our association.