

## **2017-18 ENTRY LEVEL REFEREE CLINICS IN THE W.O.A.A. AREA**

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

This is an application for Entry Level Referee Clinics to be held for the 2017-18 season in the W.O.A.A. area. 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 7:30 A.M., classes will begin at 8:00 A.M. This will be a full day clinic. There will be an on-ice session so please bring a helmet, skates and a whistle as well as a pen/pencil and paper for the in class presentation.

### **REQUIREMENTS:**

- There is a Hockey University e-learning prerequisite that **MUST** 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 participants after registering and submitting payment to the Clinic Contact (as listed) will be given information how to obtain the online certificate.
- All candidates **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. For ages 14-17 years, require a regular Criminal Records check and for 18 years and older require a Vulnerable Sectors Screening check.
- 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 the clinic as verification that you have completed it. You can access this course by going to [www.omha.net](http://www.omha.net) and clicking on "CLINICS" on the right hand side of the screen and then scroll down the page to Respect In Sport section and click on RiS ACTIVITY LEADER PROGRAM for TEAM & GAME OFFICIALS.

Please complete the application form on the next page.

### **CLINIC COST REGISTRATION FEE (INCLUDES SNACKS, REFRESHMENTS AND HALL RENTAL)**

|  |           |          |
|--|-----------|----------|
| 14 AND 15 YEAR OLDS, AS OF DECEMBER 31 | LEVEL ONE | \$150.00 |
| 16 AS OF DECEMBER 31, AND OLDER        | LEVEL TWO | \$200.00 |

**COMPLETE APPLICATION FORM BELOW AND SEND TO CLINIC CONTACT WITH PAYMENT BY SUBMISSION DATE.**

**INDICATE WITH A CHECK MARK WHICH CLINIC YOU WISH TO ATTEND, PLEASE PRINT CLEARLY:**

DATE OF CLINIC: LOCATION: SUBMIT APPLICATION & FEES BY:

**SAT., OCT. 21, 2017** **CLINTON** **OCTOBER 13, 2017**  
(Eastlink Community Centre, 239 Bill Fleming Dr., CLINTON, ON)  
**MAKE CHEQUES PAYABLE TO: DON SHROPSHALL**  
**CONTACT: Don Shropshall, 233 Albert St., Box 1361, CLINTON, ON N0M 1L0**  
(519) 482-3092 (H), (519) 525-3092 (C) [donshrop@icloud.com](mailto:donshrop@icloud.com)

**SAT., OCT. 28, 2017** **MILDMAY** **OCTOBER 20, 2017**  
(Mildmay Carrick Community Centre, 24 Vincent St., MILDMAY, ON)  
**MAKE CHEQUES PAYABLE TO: SOUTH BRUCE MINOR HOCKEY**  
**CONTACT: John Turnbull, 1923 Hwy 9 South R.R. #3, WALKERTON, ON N0G 2V0**  
(519) 889-1080 (H), (519) 889-1080 (C) [walkertonrefs@gmail.com](mailto:walkertonrefs@gmail.com)

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_ **TOWN:** \_\_\_\_\_

**(RURAL) 911 ADDRESS:**

\_\_\_\_\_

**OR LOT:** \_\_\_\_ **CONC.:** \_\_\_\_ **TWSP:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**PREVIOUS ADDRESS (IF MOVED IN THE LAST 5 YRS):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**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.

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

**Signature:** \_\_\_\_\_