



Referee Form

Ref form

Start Date:

To:

If required, please identify who should be listed as additional insured on your Certificate of Insurance (Arena, Municipality, City, etc.):

PRIMARY CONTACT

Name:

Email:

Address

Home number: ()

City

Alternate number: ()

Prov

Postal Code

Fax number: ()

SECONDARY CONTACT

Name:

Email:

Home number: ()

Alternate number: ()

PAYMENT (Certificate of Insurance will be withheld and insurance protection suspended until payment is received)

Visa

CARD NUMBER

Expiry DATE:

Payment Amount

MasterCard

Card Holder (PLEASE PRINT)

SIGNATURE (Authorization)

Each participant, or in the case of a minor, each parent/guardian of a participant, acknowledges that participation in the iPlayHockey team/league/Ref Program entails inherent risks of physical injury and that participation is voluntarily. The participant, or the participants parent/guardian, assumes full responsibility for any risks of loss, property damage or personal injury that may be sustained as a result of participating in the iPlayHockey team/league/Ref Program.



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