REFEREE ENTRY LEVEL CLINIC

REGISTRATION FORM

DATE OF CLINIC - OCTOBER 13TH, 2018
(upstairs)

LOCATION - BRACEBRIDGE ARENA

169 JAMES STREET
(705-645-8888)

Please complete the registration form and return to pparlette@omha.net

NAME: _____

ADDRESS:
_____

CITY/TOWN: _____ POSTAL CODE_____

TELEPHONE NO: _____ DATE OF BIRTH_____

(DD-MM-YYYY)

E-MAIL:_____

IMPORTANT - READ CAREFULLY
Please provide a current Criminal Record Check (CRC)/Vulnerable Sector Check (VSC). This CRC/VSC or proof of application **MUST be provided** on the day of clinic. Without it, you will **NOT be allowed entry** into clinic.

Respect In Sport (RIS) (Activity Leader module) **MUST be completed** by **ALL** participants. Without it, you will **NOT be allowed entry** into clinic. (https://omha.respectgroupinc.com/secure)

Once acceptance has been approved for entry into clinic a link will be provided for completion of the module.
Proof that you have completed the pre-requisite **MUST be provided** on day of clinic. Without it, you will **NOT be allowed entry** into clinic.
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