



ALLIANCE HOCKEY

ON ICE HELPER REGISTRATION

FORM

Association:			
LAST NAME	FIRST NAME	DOB (MM/DD/YY)	RESIDENTIAL ADDRESS

- General Information**
1. This form is to be used to report all "On Ice Helpers" within the ALLIANCE (goalie coaches, parent helpers, on ice helpers, power skating coaches, etc...).
 2. Failure to report "On Ice Helpers" will negate CHA Insurance Coverage for these and possibly other registered participants.
 3. The submission of this list is the responsibility of ALLIANCE Associations.
 4. The form must be approved by the Operating Committee Rep and the ALLIANCE HOCKEY Office
 5. This form must be in the possession of ALLIANCE Associations at all times and produced for inspection when requested by any ALLIANCE member.
 6. Additions/deletions to this list must be reported on a new form.
 7. Any person found guilty of any fraudulent or non-compliance use of this form will be subject to disciplinary action by the ALLIANCE, OHF or CHA.
 8. Listings must be forwarded to the ALLIANCE Office by Mar 30th and reported in CHA, OHF and ALLIANCE Assessment numbers.

ALLIANCE APPROVAL

ASSOCIATION APPROVAL – OPERATING REP
SIGNATURE _____

DATE _____

List Information: PAGE ____ of ____
Please indicate if this is an updated list - Yes No
Total Number of On Ice Helpers _____



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