



ONTARIO MINOR HOCKEY ASSOCIATION  
 25 BRODIE DRIVE, UNIT # 3  
 RICHMOND HILL, ONTARIO, L3B 3K7  
 Phone: (905) 780-6642 Fax: (905) 780-0344  
[www.omha.net](http://www.omha.net)

**OWHA – PROOF OF REGISTRATION**

Name: \_\_\_\_\_ OWHA# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

*I have already paid the Hockey Canada Insurance Premium through:*

POSITION	TEAM NAME	DIVISION	OWHA TEAM ID #
OWHA Player			

THE FOLLOWING MUST BE COMPLETED & SIGNED BY OWHA HAVING RECEIVED PAYMENT OF THE APPLICANT’S HOCKEY CANADA INSURANCE PREMIUM & REGISTRATION FOR THE CURRENT HOCKEY SEASON.

\_\_\_\_\_ *Date of Signatures* \_\_\_\_\_ *OWHA Local Designate Signature*  
 \_\_\_\_\_ *Player’s Signature* \_\_\_\_\_ *OWHA Designate Telephone Number*

NOTE TO OMHA TEAM: Please forward a completed registration form for each player having already registered with the OWHA for the current hockey season, with your affiliation list to affiliate to an OMHA team.  
 Player must qualify by OMHA affiliation regulations.