



Appendix E: DEVELOPMENT APPLICATION

OWHA DEVELOPMENT APPLICATION COMPLIANT WITH COVID-19 HEALTH REQUIREMENTS



PREAMBLE: All OWHA sanctioned activities must adhere to all federal, provincial and municipal laws, OWHA Return to Hockey Protocols, regulations, by-laws and orders as they may exist from time to time. In addition, all OWHA sanctioned activities may only take place with prior written approval of the OWHA and they must be in compliance with all OWHA requirements including but not limited to By-Laws, Regulations, Policies and Procedures, No individual may participate in unsanctioned activities.

ASSOCIATION / TEAM NAME: _____	
ASSOCIATION PRESIDENT NAME: _____	SIGNATURE: _____
ASSOCIATION / TEAM WEBSITE: _____	
APPLICANT NAME: _____	POSITION: _____
APPLICATION DATE: _____	
EVENT DATE: _____	TIME: _____
LOCATION: _____	
TYPES OF ACTIVITY: _____	
NAME OF LEAD PERSON: _____	
LEAD CONTACT PHONE: _____	ALTERNATE: _____
LEAD CONTACT EMAIL: _____	
LEAD CREDENTIALS: _____	

THE LEAD...

- ☐ Understands and is responsible for being in compliance with all Federal, Provincial & Regional Health Requirements.
- ☐ Is responsible for being in compliant with all OWHA policies such as but not limited to OWHA Screening, Harassment, Abuse, Bullying & Misconduct Policies.
- ☐ Ensures the event will be monitored by the 2019/2020 OWHA registered coach.
- ☐ Ensures the event is monitored by an OWHA registered trainer.
- ☐ Agrees to screen each person, including themselves, prior to each activity in accordance with the OWHA guidelines.
- ☐ Will keep a list of names and contact information on file of all participants at each event.
- ☐ Have applied for a Certificate of Insurance.
- ☐ Understands and agrees that this event CAN NOT go forward until prior written approval from the OWHA is received.
- ☐ MUST ensure that the OWHA logo with a link to the OWHA's website is prominent on the Association/Team's website.



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Please complete the chart below with the specific details of the activity/activities that will be taking place.

SUBMISSION DATE	ACTIVITY DATE	LOCATION / PLACE	TIME	NATURE OF PROPOSED ACTIVITY

REMINDER: Written approval **MUST** be obtained from the OWHA prior to any activity. The OWHA reserves the right to accept or reject applications and to cancel approval as deemed appropriate for violations of the terms of this program. The undersigned agrees to follow all OWHA and government requirements.

DATE: _____

SIGNATURE: _____

Please ensure that you have completed this form in full. Incomplete application may not be processed.
The OWHA reserves the right to cancel any event as deemed appropriate for violations of the terms of this program.
Completed application must be emailed to : applications@owha.on.ca