



# DRYLAND TRAINING PROGRAM

## INSURANCE CERTIFICATE REQUEST

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**THIS FORM IS TO BE COMPLETED:**

- For any off-ice training activities or events where proof of insurance is required;
- And accompanied by:
  - Dryland Training Instructor Acknowledgement Form
  - Proof of Instructor's insurance
  - Detailed Program Outline

**PLEASE NOTE:**

1. Requests submitted less than two (2) weeks before rental may not be processed.
2. Not all strength and conditioning activities are permitted by the Ontario Hockey Federation (OHF), for more information please read the "OHF Insurance Guide" available at [www.ohf.on.ca](http://www.ohf.on.ca).

**HOCKEY TEAM INFORMATION:**

Name of Team/Club:

Contact Name:	Contact Phone:
Contact Email:	Contact Fax:

**NAME OF FACILITY (THE THIRD PARTY) REQUESTING PROOF OF INSURANCE:**

Name:

Address:

Municipality:

**ADDITIONAL INSURED**

It is understood and agreed that the above entities are added to the policy as additional insured but only with respect to the operations of the named insured described above. This certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties.

Please show facility name above as "Additional Insured"

**PROGRAM DETAILS:**

Program Dates:

Program Description:

Are non-registered participants involved?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (note they are not covered by this policy)
Is this a recurring program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**FOR OFFICE USE ONLY**

Date Received:	Approved By:	Signature:
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PLEASE SEND TO ALLIANCE HOCKEY AT:  
 (FAX) 519-273-2114 OR [TPAULI@ALLIANCEHOCKEY.COM](mailto:TPAULI@ALLIANCEHOCKEY.COM)  
 YOU MUST ATTACH A COPY OF THE RENTAL AGREEMENT  
**INCLUDING THE TERMS AND CONDITIONS** WITH THIS REQUEST.



# DRYLAND TRAINING INSTRUCTOR

## INFORMATION & ACKNOWLEDGEMENT FORM

This form must be provided where an Insurance Certificate has been requested by an OHF Member Partner for Dryland Training activities.

**INSTRUCTOR'S INFORMATION:**

Instructor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: _____	Email: _____
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Current Designation(s): \_\_\_\_\_

Relevant Certification(s): \_\_\_\_\_

Do you have any criminal convictions that involve offences to persons, property or drugs or weapons?

**REFERENCES:**

Please provide a minimum of 2 references:

Name	Phone #	Relationship

**INSTRUCTOR ACKNOWLEDGEMENT:**

By signing below you are acknowledging that you have read and understand the "OHF Insurance Guide" and the Dryland Training Guidelines. By signing below you are agreeing to adhere to the requirements of the OHF with respect to dryland training as provided in the OHF Insurance Guide.

Signature	Date
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Date Received:	Approved By:	Signature:
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