



OTTAWA DISTRICT HOCKEY ASSOCIATION

1247 Kilborn Place, Suite D300, Ottawa, Ontario, K1H 6K9
Telephone: (613) 224-7686 Fax: (613) 224-6079
www.odha.com tc@odha.com

ODHA DEVELOPMENT CLINIC REQUEST

Name of Association: _____

Dates of clinic: _____

Place of clinic: _____

Times: _____

Ice times: _____

Contact person: _____

Home phone: _____ Work: _____ Cell: _____

E-mail: _____

Fax #: _____

Clinic Prices (INCL. GST)

TOTAL FEE TO BE CHARGED
PER PARTICIPANT =
\$

TYPE OF CLINIC (Please check one)

- | | | |
|--------------------------------------|--|--|
| Intro Coach <input type="checkbox"/> | Coach Stream <input type="checkbox"/> | Developmental I <input type="checkbox"/> |
| Trainer's I <input type="checkbox"/> | II <input type="checkbox"/> | I & II <input type="checkbox"/> |
| Referee's I <input type="checkbox"/> | II <input type="checkbox"/> | III <input type="checkbox"/> |
| Speak Out <input type="checkbox"/> | Off Ice Officials <input type="checkbox"/> | |

*** Mandatory use of Helmets for all on ice portions. ***

NOTE: It is the responsibility of the clinic contact person to ensure that the following Equipment is available for the clinic.

EQUIPMENT REQUIRED:

- | | | |
|-------------------------|--------------------------------|--------------------------|
| 8'X10' Projector Screen | Extension Cords | DVD/VCR/TV (27" minimum) |
| Pucks and Pylons | White Chalkboard or Flip Chart | |

PLEASE NOTE: IN ORDER TO HOST A CLINIC THERE IS A REQUIREMENT OF 20 PARTICIPANTS NECESSARY WITH A MAXIMUM OF 35 PARTICIPANTS PERMITTED.

Instructor/Instructors Assigned Fri: _____ Sat: _____ Sun: _____

Note : you must complete the Clinic Request Terms and Conditions Form



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Clinic Request Terms and Conditions

The cost of hosting a Clinic is dependant upon the type of clinic requested; the ODHA has a set fee per clinic type. The registration fee covers the cost of instruction, materials and administration. The host association is responsible for the facility costs. The host association may recover their costs by assessing each registrant an increase to the cost of the course; it is recommended this fee not exceed \$15.00 per participant, in order to maintain continuity with the clinic fee's across the ODHA. This does not include Speak-Out or Off Ice Officials Clinics.

CRITERIA FOR HOSTING A CLINIC:

- a) ***Clinic Request Forms should be completed in FULL including ICE TIMES (where applicable), and returned to the ODHA Technical Coordinator at least 1 month prior to the clinic date requested. This will ensure the appropriate amount of time to solidify Course Facilitators and the required materials, etc...***
- b) ***The Technical Coordinator requires all information for the Associations clinic contact person i.e.: Home Phone, Business Phone, Cell Phone, e-mail address.***
- c) ***All clinics must have a minimum of 20 participants, for the Intro Coach, Coach Stream, and Development 1 and 2 clinics the maximum number of participants is not to exceed 35.***

ASSOCIATION COORDINATOR RESPONSIBILITY:

- a) ***It is the responsibility of the association coordinator to e-mail the number of participants registered to the Technical Coordinator 1 week prior to the clinic.***
- b) ***All Coach Stream Participants will be supplied with a level specific coaching manual as part of their registration fee, it is the responsibility of the Association Coordinator to acquire what level the registrant will be coaching for the current season, and send the Technical Coordinator this information at the same time as the number of participants.***
- c) ***All Developmental 1 participants must be previously certified at the Coach Stream level for 1 full season before they will be permitted to attend a Developmental 1 course. It is the responsibility of the Association Coordinator to supply the names of the registrants to Rebecca Young at the ODHA office at least 1 week prior to the Development 1 clinic to verify their required certification. She will then confirm with you the participants that are not eligible to attend.***

Please confirm that you have read and understand the Terms and Conditions, and the Responsibilities of the Association Clinic Coordinator.

Association Clinic Coordinator Signature: _____

Member of

