

Ice Hockey Officials of Northern Connecticut 2023-24 Membership Application RENEWAL MEMBERSHIP FORM

This form, which is for **current membership renewals** only, must be received or postmarked **NO LATER** than November 30th, 2023. **Forms postmarked after this date are subject to a \$10.00 late fee.**

In order to be assigned games, each official must have a current, completed form on file with the IHONC Secretary. If games are currently assigned and this form is not returned by 11/30/2023, all current games will be unassigned from you. Upon acceptance of this form by IHONC, your membership will be renewed and you will have first opportunity to be assigned games by IHONC for the 23/24 season.

Membership Application Fee:

There will be no application fee to join IHONC, instead we will be requiring all members to attend two of IHONC's monthly meetings between September and January. If this requirement is not satisfied, the member will be charged a \$25.00 fine. (This fine will be deducted from your February check.)

Late Filing Fee: \$10.00 for applications postmarked after November 30th, 2023 (waived for those under 18)

Completed forms should be mailed by USPS (electronic submissions will not be accepted)

to Steven Levins, 35 Belden Lane, Rocky Hill, CT 06067.

****FOR LATE FEES, DO NOT SEND CASH – SEND CHECK OR MONEY ORDER, PAYABLE TO IHONC****

Date:		USA Hockey #:	
Last Name:	First Name:	Middle Initial:	
Age:	Years of USA Hockey Refereeing Experience:	Years of service with IHONC:	
USA Level for 2021-2022 season (2 yrs. ago):	USA Level for 2022-2023 (last) season:	USA Level applied for 2023-2024 season:	
Current E-Mail:		Current Cell No:	
Cell Phone number and E-mail of Parent for Applicants under 18 years old:			

Members are responsible for maintaining their personal information and their availability schedule current, within the Arbiter system. By signing this application form, you acknowledge that you are fully aware of and familiar with IHONC's current Turn-Back policy.

Legal Release

I, _____ (print your name) hereby request to participate in the activities of the Ice Hockey Officials of Northern Connecticut (hereinafter referred to as IHONC). I understand that hockey officiating is a strenuous and potentially dangerous activity. Also, I have no knowledge of any medical reasons that would prevent my participation in this activity. Therefore, the Officers, Directors, agents, servants and employees of IHONC shall not be responsible or incur liability in any way, from injuries, illness, damages or death received by me, during or as a result of my participation in the activities of IHONC. I further agree that I will not sue, arrest, attach or prosecute any of said individuals for any such injuries, illness, damages or death. Therefore, I release IHONC and its Officers, Directors, agents, servants and employees from all actions, claims and demands.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

• Parent or Guardian signature is required for members under the age of eighteen (18)