



**Ontario Hockey Federation
Lake Ontario Region
Mediation Request Form**

Ontario Hockey Federation
400 Sheldon Drive,
Unit 9
Cambridge, Ontario N1T 2H9
Tel.: (226) 533-9070
Fax: (519) 620-7476
info@ohf.on.ca

**PLEASE TYPE OR PRINT CLEARLY AND EMAIL A PDF TO THE OHF OFFICE.
ATTENTION MEDIATION COMMITTEE.**

Date:

1. Personal Information:

Player's Name:			Date of Birth: (mm/dd/yy)
Division:		Category:	
Address:			
City:		Postal Code:	
Phone (H):		Phone (C):	
Email:			
Former Address: (if relevant)			
Future Address: (if relevant)			

2. Hockey Information:

Club or Team formerly registered with:		Status: Import <input type="checkbox"/> Non-import <input type="checkbox"/> Released <input type="checkbox"/>
Club or Team that you wish to register with:		Status: Import <input type="checkbox"/> Non-import <input type="checkbox"/>
Teams contacted to find an <u>available</u> ROSTER and IMPORT position: (please provide contact name and phone number or copy of email correspondence)		

3. Supplemental Information:

Nature of Relief Sought:	
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Privacy Statement: The Ontario Hockey Federation is committed to respecting and protecting the privacy of our Member Partners, their Associations, individual members, their families and our employees. The personal information collected on this form and on any documents collected by the OHF with respect to the Mediation process will be used for the sole purpose of administering this case, and the Rules, Regulations and By-laws of the OHF.

Reasons/Rationale: (attach additional page(s) or documents if necessary)	
Financial Obligations Outstanding:	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, specify:

Signature of Parent/Guardian:	
**Signature of President or General Manager: (or email to pmckee@ohf.on.ca in lieu of signature)	<u>Please note: this signature confirms that, should this mediation request be successful for the applicant, this association/club understands an import position will be removed from a team at the next adjacent division or category.</u>
**Signature of Head Coach: (or email to pmckee@ohf.on.ca in lieu of signature)	
Date:	

**** The Mediation Request will be considered incomplete by the OHF without the three (3) required signatures or an email to Phil McKee in lieu.**

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