



HALIFAX HURRICANES RINGETTE ASSOCIATION

6.3 - Athlete Movement Request Form

Instructions:

1. This form must be signed by the parent/guardian of the athlete. Incomplete forms will not be processed.
2. For movements to U10 or U12 please submit this form to the Director of Junior Programming via email drt@hhringette.ca
3. For movements to U14, U16 or U19 please submit this form to the Director of Intermediate Programming via email dct@hhringette.ca

Athlete Name:	
Reason for Movement Request:	
Date of Birth:	
Years playing Ringette:	
Request movement from (i.e. U10):	
Request movement to (i.e. U12):	
Parent/Guardian's Name:	
Parent/Guardian's Email:	
Parent/Guardian's Phone #:	

Previous/Receiving Coach Assessment	
Objective Coach Assessment	

Date received:	
HHRA Director Name:	
HHRA Director's Signature:	
Request Approved by HHRA (Y/N):	
Reason Request Denied by HHRA (if applicable): If the request is denied, this form will be returned to the Parent/Guardian making the request via email by the either the Director of Junior Programming or the Director of Intermediate Programming.	