



HOCKEY ALBERTA Minor Hockey Player Movement Form

Date: _____

This form shall be completed, in its entirety, **by any player(s) who wishes to register in Minor Hockey with an MHA that is not his/her Resident LMHA**. The intent of this document is to track the application and approvals of player movement. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

-PLEASE PRINT-

Players Name / Contact Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) Address: _____

City: _____ Postal Code: _____ Legal Land Description: _____

Phone #: _____ Email: _____

Respect in Sport Certificate #: _____ Expiry Date: _____

Please State Reasons for Player Movement:

- There is **no Team** in my age Division in my Resident Association Minor/Mainstream Female
- My Resident Association has a team but it is **FULL** (17 skaters, 2 goaltenders). **Goaltender?** Yes No
- My Resident Association and **this Association** have joined together to form a team.
- I would like to apply for **an Exception** to register in another MHA (if so, please provide a letter outlining reasons)

Parent/Guardian Name: _____

Signature: _____

Resident LMHA Information:

Resident MHA: _____

President's Name: _____

Email: _____

Phone Number: _____

Indicate if Player has a Carryover Suspension: _____

If yes, how many games remain to be served: _____

Signature: _____

Accepting MHA Information:

Accepting MHA: _____

President's Name: _____

Email: _____

Phone Number: _____

Accepting Team: _____

Signature: _____

PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT LMHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. THE APPROPRIATE ZONE WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.