



Date: \_\_\_\_\_

# HOCKEY ALBERTA Minor Hockey Player Movement Form

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 their Resident MHA**. 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: \_\_\_\_\_ Age Division: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (year/month/day) Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Legal Land Description: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Please State Reasons for Player Movement:**

There is **no Team** in my age Division in my Resident MHA Minor/Mainstream  Female

For the **current season** only

For the **current season and subsequent seasons**.

Conditions: \_\_\_\_\_

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)

Resident MHA Conditions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Resident MHA Information:**

Resident MHA: \_\_\_\_\_

Email: \_\_\_\_\_

Indicate if Player has a Carryover Suspension: \_\_\_\_\_

If yes, how many games remain to be served: \_\_\_\_\_

Signing Designate Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Accepting MHA Information:**

Accepting MHA: \_\_\_\_\_

Email: \_\_\_\_\_

Signing Designate Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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