

## RESIDENTIAL WAIVER-OTHER

A Residential Waiver-Other may be requested for a player to participate with an adjacent Association rather than the player's Residential Minor Hockey Association should none of the following apply:

- 1. No Tier 1, 2, 3 or 4 team in player's Residential Minor Hockey Association
- 2. No Recreational or Female Team in player's Residential Minor Hockey Association
- 3. Player is on a wait-list within Residential Minor Hockey Association

If approved this transfer request is valid only for the current season.

## PRIOR TO PARTICIPATION A TRANSFER REQUEST MUST BE INITIATED ON THE HCR AND APPROVAL MUST BE GRANTED BY BC HOCKEY

## **PROCEDURE:**

The following documentation must be submitted to the **OMAHA District Registrar** for review and submission to BC Hockey.

- 1. Completed OMAHA Residential Waiver-Other form
- 2. A <u>formal letter</u> from the player's parent(s) advising the reason(s) why they wish to register the player with an Association other than the player's Residential Minor Hockey Association.
- 3. A formal letter of support or non-support from the player's Residential Minor Hockey Association
- 4. A formal letter of support or non-support from the adjacent Association with whom they wish to register

## <u>Section 1 – Player's Information:</u>

Player's Name:	Date of Birth:
Address:	
City:	Postal Code:
Email & Telephone:	
Player's Residential Minor Hockey Association:	
Association Requesting Transfer To:	
Team Division/Category:	
Parent:	Date:
(Signature)	
Section 2 – Residential Minor Hockey Association Verification of Support or Non-Support	
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I,, President of that we willsupport or do not support this transfer req	Minor Hockey Association, verifiy
	Minor Hockey Association, verifiy
	Minor Hockey Association, verifiy
that we willsupport or do not support this transfer req	Minor Hockey Association, verifiy uest (please check one)
that we willsupport or do not support this transfer required (Signature)	Minor Hockey Association, verifiy uest (please check one) (Date)
that we willsupport or do not support this transfer requestion 3 – Adjacent Association Verification of Support or Non-Support:	Minor Hockey Association, verifiy  uest (please check one)  (Date)  Minor Hockey Association