



RESIDENTIAL WAIVER-CARDED

In situations in which a player meets the requirements to move to another Association under the “No Tiered Team” in the Division or No Carded Female A team rules as a result of his/her Residential Association offering no HC-carded team in the player’s age division, the player may apply for a Residential Waiver-Carded transfer in order to try out for a HC-carded team at the indicated adjacent Association. The Residential Waiver-Carded transfer does not become effective until the form has been completed and filed with the OMAHA District Registrar and a Transfer request has been initiated and approved on the HCR.

PROCEDURE:

1. The player’s Home Association President shall declare that they will not be having a HC carded team in the player’s age division for the current season on this form.
2. Player must obtain this form from his/her Home Association and present to an adjacent Association.
3. New Association is to sign the form indicating acceptance of the player and initiate a Residential Waiver-Carded transfer request on the HCR. This form should be attached to the HCR transfer request.
4. There is no participation until such time as the transfer request has been approved on the HCR and the player is pre-registered with the New Association.
5. **Should the player NOT be selected to participate with a carded/rep team, the player is to return to their Home Association. (as per BC Hockey Policy 1.16)**
6. **A player will only be allowed ONE (1) Residential Waiver during the current season.**

Section 1 – Player’s Information:

Player’s Name:	Date of Birth:
Address:	
City:	Postal Code:
Email & Telephone:	
Player’s Home Association:	
Association Requesting Transfer To:	
Team Division/Category:	
Parent: _____ (Signature)	Date: _____

Section 2 – Home Association Verification of “No Team in Category”:

I, _____, President of _____ Minor Hockey Association, verify that we will NOT be having a carded/rep _____ team for the _____ season.	
_____	_____
(Signature)	(Date)

Section 3 – New Association Acceptance:

I, _____, confirm that _____ Minor Hockey Association accepts _____ for tryouts at the carded/rep _____ level.	
_____	_____
(Signature)	(Date)