



Minor Hockey Transfer Form

PO Box 302, 40 Enman Crescent, Charlottetown, PE C1A 7K7
Ph: 902-368-4334 Fax: 902-368-4337

Part I: Personal Information

Player's Name: _____ DOB: (MM/DD/YY) _____ Gender: _____

Association in which player was last registered: _____

Address of mother/guardian: _____

Address of father/guardian: or same as mother

(civic address)

(civic address)

Phone #: _____

Phone #: _____

E-mail: _____

I/We, _____ apply for release of the above named player from
(mother/father/guardian – full name)

_____ MHA and transfer to _____ MHA.
(outgoing minor hockey association) (incoming minor hockey association)

Transfer Request: 2011-2012 season only or permanent (please check one)

Reason release is requested. Please complete applicable section

Part II: Change of Address - Player and parent moved since last registered for minor hockey.

At the time of registration for the last hockey season, player was living with _____
(mother/father/guardian)

at the following address: _____
(civic address)

Player and parent or guardian genuinely moved their place of ordinary residence to the address set out in Part I in: _____
(month and year of move)

or

Player was living with _____ at time of registration for last hockey season
(mother/father/guardian)
and moved to live with _____ whose place of ordinary residence is set out
(mother/father/guardian)
in Part I, in _____
(month and year of move)

Player is enrolled in grade _____ at _____ for the current school year.

Part III: Program not offered - Present association does not offer a program at desired level of play.

Player is eligible to play at the _____ Level. The Releasing Association, in which
(division and category)
player was registered last season, does not offer a program at this level.

Part IV: Other - Please state, on a separate sheet, detailed reasons why transfer is requested.

**** Association Signatures must be obtained. Incomplete forms will be returned.**

Part IV of this application carries a fee of \$50.00. The fee must be submitted with the filing of this Transfer Application. Failure to provide required fee will deem the application incomplete and will not be reviewed.

Part V: Releasing Association

We, the designated signing authorities for the _____ Minor Hockey Association, confirm that this Association has DENIED / APPROVED (*please circle one*) the release of the above named player based on the information provided to our Minor Hockey Association. We are not aware that any of the information provided on the above form or in support of the application for a release and transfer is untrue or incorrect.

Signature of President or Designate

Date

Signature of Secretary or Designate

Date

Part VI: New Association

I, the designated signing authority for the _____ Minor Hockey Association, confirm that this Association has DENIED / ACCEPTED (*please circle one*) the of transfer the above named player effective for the _____ hockey season based on the information provided to our Minor Hockey Association. I am not aware that any of the information provided on the above form or in support of the application for a release and transfer is untrue or incorrect.

Signature of President or Designate

Date

I/We, the parent/guardian of the above named player, certify that the information provided on this form and in support of this application for a release and transfer is true and correct. I/We understand that the above named player may be suspended if false information is provided by me to support this application. **I/We understand that, except in special circumstances, Hockey PEI Minor Council will not approve the transfer of a player from one association to another more than one time in three years.**

Signature of Parent(s) or Guardian(s)

Date

Signature of Parent(s) or Guardian(s)

Date

IMPORTANT NOTES:

- **Deadline for processing of transfers is November 15th.**
 - **Please obtain all necessary Association Signatures prior to submitting application. Incomplete forms will not be accepted.**
 - **An application fee of \$50.00 must be submitted with the filing of this Transfer Application. This fee only applies to transfers categorized under Part IV – Other.**
 - **The decision of the Minor Hockey Council Transfer Committee will be communicated through the President of the affected Minor Hockey Association(s).**
 - **A PLAYER IS NOT PERMITTED TO PARTICIPATE IN ANY PRACTICE, TRYOUT OR GAME WITH THE 'NEW' ASSOCIATION UNTIL SUCH TIME AS THE TRANSFER APPLICATION HAS BEEN APPROVED BY THE MINOR HOCKEY COUNCIL TRANSFER COMMITTEE.**
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Transfer Committee Use Only

Date Received: _____

Decision: DENIED / APPROVED

Date Reviewed: _____

MHC Transfer Committee Chair, or Designate

Hockey PEI Executive Director