



## RESIDENTIAL WAIVER-RECREATIONAL

In situations in which a player meets the requirements to move to another Association under the "NO RECREATIONAL TEAM" in a Division as a result of his/her Residential Association offering no RECREATIONAL team in the player's age division, the player may apply for a Residential Waiver-Recreation transfer for participation at the indicated adjacent Association. The Residential Waiver-Recreational transfer does not become effective until the form has been completed and filed with the OMAHA District Registrar. **PRIOR TO PARTICIPATION A TRANSFER REQUEST MUST BE INITIATED ON THE HCR AND APPROVAL GIVEN BY THE PLAYER'S RESIDENTIAL HOME ASSOCIATION, THE DISTRICT and BC HOCKEY.**

### **PROCEDURE:**

1. The player's Home Association shall declare that they will not be having a recreational 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 transfer request on the HCR. This form should be attached to the transfer request.
4. There is **NO** participation until such time as the transfer request has been approved by the BC Hockey on the HCR and the player is pre-registered with the New Association.

### **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 recreational _____ team for the _____ season.	
_____ (Signature)	_____ (Date)

### **Section 3 – New Association Acceptance:**

I, _____, confirm that _____ Minor Hockey Association accepts _____ for participation with a _____ recreational team.	
_____ (Signature)	_____ (Date)