



# VICTORIA MINOR HOCKEY ASSOCIATION RESIDENTIAL WAIVER TRANSFER FORM

1151 Esquimalt Road, Victoria, BC V9A 3N6  
www.victoriaminorhockey.ca

## Part I: Personal Information

Player Name: \_\_\_\_\_  
Last Name First Name Middle

Address where player is residing \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Male / Female  
MM/DD/YEAR

Association in which player was last registered: \_\_\_\_\_

Address of Mother/Guardian (Municipal Address)  
\_\_\_\_\_

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

Address of Father/Guardian (Municipal Address / or state same as mother)  
\_\_\_\_\_

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

## Part II: Request for Release

I/We \_\_\_\_\_ apply for release of the  
(mother/father/guardian - full name)  
above named player from the \_\_\_\_\_ Minor Hockey Association  
and transfer to the Victoria Minor Hockey Association, effective for the 2010/2011 season. This  
transfer is one of the following transfer types. Please check the appropriate transfer request type.

- Residential Waiver - Waitlist       Residential Waiver - No Team in Category

**Part III: Releasing Association**

We, the designated signing authorities for the \_\_\_\_\_ Minor Hockey Association, confirm that this Association has DENIED/ACCEPTED (please circle one) the release of the above named player effective for the 2010/2011 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.

\_\_\_\_\_  
Name (President or Designate)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part IV: Victoria Minor Hockey Association**

We, the designated signing authorities for the Victoria Minor Hockey Association, confirm that this Association has DENIED/ACCEPTED (please circle one) the transfer of 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.

\_\_\_\_\_  
Name (President or Designate)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**

\_\_\_\_\_  
Signature Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Father/Guardian

\_\_\_\_\_  
Date

**Registrar Use Only**

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

Residential Waiver - Waitlist       Residential Waiver - No Team in Category

Decision:       DENIED       APPROVED

Registrar / Designate Signature: \_\_\_\_\_