



# INTERBRANCH PLAYER MOVEMENT FORM

## PROCESS FOR INTERBRANCH PLAYER MOVEMENT REQUESTS

The following is the detailed process for a minor hockey player / family to follow when requesting permission for Interbranch Player Movement. This Interbranch Player Movement process can be accessed for any of the following scenarios:

- There is no Team in your age Division within your Resident Association
- Movement by Special Exception:
  - Movement to an MHA of equal or lower Division
  - Movement to an MHA of higher Division
  - Moving to a Different Stream of Hockey(Elite Hockey, Female Hockey, Non-Body Checking Hockey, Recreational Hockey)

### **In order to request the Interbranch Player Movement, the following steps must be completed:**

- Submit the completed Interbranch Player Movement Form the accepting MHA, asking for consideration.
  - Detailed rationale from the player/family outlining the reasons why they wish to transfer.
  - Signature from the MHA you are requesting to move to agreeing to accept this import player.
- Once all the proper documentation has been received, the accepting MHA will forward it to their respective Hockey Canada Member.
- Any properly completed application that is submitted within the course of a week (Monday through Sunday) will be reviewed and a decision will be rendered within the following seven (7) day period.
- The incoming Member, in consultation with the outgoing Member, will make a decision with regard to the movement request based on the Hockey Canada Regulations and a decision letter will be emailed to the applicant and all other relevant parties.

Please note that requests for “Movement by Special Exception” are reviewed based on “extenuating circumstances”. Extenuating Circumstances that are commonly considered for discretion are:

- Location of workplace of parents / guardians
- Location of school of the players
- Distance of travel / Accessibility to Ice Times
- Need for the player in the accepting MHA

Factors that should not be considered “extenuating circumstances” are:

- Requesting for the purpose of a try out
- Dislike of a coach, teammates, ice time, etc.



# INTERBRANCH PLAYER MOVEMENT FORM

This form must be completed, in its entirety, **by any player(s) who wishes to register in Minor Hockey outside of the Province they reside in with an MHA that is not his/her Resident MHA.** The intent of this document is to track the application and approvals of player movement. Please submit any additional information (i.e. - letters from MHA's), along with this application, that you wish.

**-PLEASE PRINT-**

## Players Name / Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy) Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Legal Land Location: \_\_\_\_\_

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

## Please State Reasons for Interbranch Player Movement:

☐

There is **no Team** in my age Division in my Resident Association

Goaltender? ☐ YES ☐ NO

☐

I would like to apply for **an Exception** to register in another MHA (if so, please provide rationale outlining reasons)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Rationale: \_\_\_\_\_

## Resident MHA Information:

Resident MHA: \_\_\_\_\_

President's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Indicate if Player has a Carryover Suspension: \_\_\_\_\_ If yes, how many games remain to be served: \_\_\_\_\_

Signature: \_\_\_\_\_

## Accepting MHA Information:

Accepting MHA: \_\_\_\_\_

President's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Accepting Team: \_\_\_\_\_

Signature: \_\_\_\_\_

## OFFICE USE ONLY:

\_\_\_\_\_  
Outgoing Hockey Canada Member Approval

\_\_\_\_\_  
Incoming Hockey Canada Member Approval

**PLEASE TAKE THIS FORM WITH YOU TO THE NEW MHA, AND/OR HAVE YOUR RESIDENT MHA UPLOAD THIS COMPLETED FORM TO THE HCR TRANSFER. THE APPROPRIATE BRANCH WILL APPROVE OR DECLINE YOUR REQUEST IN THE HCR.**

