



RESIDENTIAL WAIVER-OTHER

A Residential Waiver-Other may be requested for a player to participate with an adjacent Association rather than the player's Residential Minor Hockey Association should **NONE** of the following apply:

1. No Tier 1, 2, 3 or 4 team in player's Residential Minor Hockey Association
2. No Recreational or Female Team in player's Residential Minor Hockey Association
3. Player is on a wait-list within Residential Minor Hockey Association

If approved this transfer request is valid only for the current season.

PRIOR TO PARTICIPATION A TRANSFER REQUEST MUST BE INITIATED ON THE HCR AND APPROVAL MUST BE GRANTED BY BC HOCKEY

PROCEDURE:

The following documentation must be submitted to the **OMAHA District Registrar** for review and submission to BC Hockey.

1. Completed OMAHA Residential Waiver-Other form
2. A **formal letter** from the player's parent(s) advising the reason(s) why they wish to register the player with an Association other than the player's Residential Minor Hockey Association.
3. Verification as per **Section 2**, of support or non-support from the player's Residential Minor Hockey Association
4. Verification as per **Section 3**, of support or non-support from the adjacent Association with whom they wish to register

Section 1 – Player's Information:

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

Section 2 – Residential Minor Hockey Association Verification of Support or Non-Support

I, _____, President of _____ Minor Hockey Association, verify that we _____ support or _____ do not support this transfer request (please check one)	
_____ (Signature)	_____ (Date)

Section 3 – Adjacent Association Verification of Support or Non-Support:

I, _____, President of _____ Minor Hockey Association, verify that we _____ support or _____ do not support this transfer request (please check one).	
_____ (Signature)	_____ (Date)