



Pacific Coast Amateur Hockey Association

APPLICATION FOR PLAYER MOVEMENT

Form133
(Rev: July 2017)

PCAHA CENTRAL OFFICE: #114-3993 HENNING DRIVE, BURNABY, B.C., V5C 6P7
Phone: 604-205-9011. Fax: 604-205-9016.

Player Movement into and within the Pacific Coast Amateur Hockey Association (PCAHA) is governed by the PCAHA Rules and Regulations. No player may change Association registration except in accordance with the PCAHA Rules and Regulations. (Copies of the applicable Rules and Regulations will be provided upon request). This Application must be filled out completely and accurately prior to submission to the PCAHA Office. An incomplete or inaccurate Application will not be considered. No player movement has effect until the PCAHA Player Movement Committee has granted approval.

Player's First Name:	Player's Last Name:
Hockey ID #:	Date of Birth: (mm/dd/yyyy)

PLAYER'S PARENTS' PERMANENT PLACE OF RESIDENCE	
Parents' Address:	
City:	Postal Code:
Email:	Telephone:
Date of Occupancy at this Address:	Cell Phone:

PLAYER'S PARENTS' FORMER PLACE OF RESIDENCE (Complete if Residential Move/change of residence)	
Player's Parents' Former Address:	
City:	Postal Code:
Number of Years at Old Address:	Telephone:

HOCKEY HISTORY (Please Complete)					
SEASON	AGE	ASSOCIATION	DIVISION	"A"	"C"
2018-2019					
2017-2018					
2016-2017					
2015-2016					
2014-2015					
2013-2014					

Reason for Application:	Position:
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DECLARATION: I/we hereby declare and certify that all information contained in this form is true and that the Parents' Address given above is the permanent family place of residence. Further, we agree to abide by the Constitution, By-Laws, Rules, and Regulations of the Pacific Coast Amateur Hockey Association (PCAHA), BC Hockey, and Hockey Canada, and recognize that failure to abide by the Constitution, By-Laws, Rules, and Regulations of the PCAHA, BC Hockey, and/or Hockey Canada, including submission of any false registration information, shall cause the individuals responsible to be subject to suspension and/or other disciplinary action.

PLAYER'S SIGNATURE:

DATE:

(Day) (Month) (Year)

MOTHER'S SIGNATURE:

(Print Name): _____

FATHER'S SIGNATURE:

(Print Name): _____

PLAYER'S PRESENT ASSOCIATION	
Association:	
DECLARATION: I/We have considered the information provided above and agree that this player movement is in accordance with the PCAHA Rules and Regulations. Accordingly, I/we hereby grant the named player a RELEASE. (President, Registrar, or Vice-President must sign).	
Name:	
Title:	Date:
Signature:	

PROPOSED NEW ASSOCIATION	
Association:	
DECLARATION: I/We have considered the information provided above and have verified that this proposed player movement is in accordance with the PCAHA Rules and Regulations. Accordingly, I/we hereby accept the player's registration. (President, Registrar, or Vice-President must sign).	
Name:	
Title:	Date:
Signature:	

PLAYER MOVEMENT FEES AND FINAL DATES FOR SUBMISSION

<u>Classification</u>	<u>Fee Payable on Submission</u>	<u>Final Date for Consideration</u>
Residential Move from outside the PCAHA	\$15.00	Jan. 10*
Residential Move within the PCAHA	\$15.00	Jan. 10*
No "A" Team in the Division	\$15.00	Jan. 10*
No HC-Carded Female Team	\$15.00	Jan. 10*
No Female Team	\$15.00	Jan. 10*
Juvenile Special Zone Rule (Reverse No "A" Team)	\$15.00	Jan. 10*
Automatic Returning Home under No "A" Team in the Division	No Charge	N/A
Special Player Movement (Midget and below)	\$75.00	Sept. 1
Special Player Movement (Juvenile)	\$75.00	Oct. 15
Returning Home	\$15.00	Oct. 31

(*-if the player was not registered with any team as of Jan. 10 the final date is Feb. 10)

PLAYER MOVEMENT CHECK LIST

Player Movement Type	Application for Player Movement form	Proof of Residence	Player Registration form	Birth Certificate
Residential Move from outside the PCAHA	Yes*	Yes	Yes	Yes
Residential Move within the PCAHA	Yes	Yes	Yes	Yes
No "A" Team; No HC-Carded Female Team; No Female Team; Juvenile Special Zone Rule	Yes	No**	No**	No**
"No Team"-type move repeated from prior season	Yes	No**	No**	No**
Returning Home	Yes	No**	No**	No**
Special Player Movement	Yes	No**	No**	No**

*- signature not required from non-PCAHA Association.

**-unless there has been a change of residence by the players' parents.

Note: Information submitted in support of this Application for Player Movement is protected under the terms of the PCAHA Privacy Policy.