



Ontario Minor Hockey Association
 25 Brodie Drive, Unit 3, Richmond Hill, Ontario, L4B 3K7
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PLAYER TRANSFER FORM FOR RESIDENTIAL MOVES

PLEASE PRINT CLEARLY

This form is required as per OMHA Regulation 3.7 (Residential Move)

NOTE: NOT REQUIRED IF CHANGE OF ADDRESS IS WITHIN SAME CENTRE.

Player's Name:	Player's Date of Birth:
Player's Former Centre:	Centre To Which Player is Registering With:
Player's Former Address:	Player's Current Address:
Former Telephone Number:	New Telephone Number:
Date of Occupancy at New Address:	Did Parents Move at the Same Time [circle]: <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div> If NO , please include explanation.
Player's Former School:	School Player Will be Attending:
Former School Phone Number: _____	School Phone Number: _____

REQUIRED SUPPORTING DOCUMENTS TO BE INCLUDED WITH THIS FORM:

- Official Confirmation of School Enrolment
- Letter to School Authorizing the OMHA to check on and confirm school enrolment during year
- Copy of fully executed Rental Agreement, registered transfer of ownership, or Agreement of Purchase and Sale
- Copy of Parent(s)' updated Driver's Licence(s)
- Copy of a utility or similar bill (i.e. Hydro, telephone, cable, credit card, etc...) demonstrating the parent(s)' name and new address
- If applicable, an executed copy of any relevant separation agreement, custody order or divorce decree

Declaration: The undersigned hereby declare that all above information is true and correct. We are aware of rules and regulations regarding eligibility for minor programs in the OMHA, OHF and Hockey Canada and are aware that these are available upon request. We also recognize that the falsification of any registration document will result in the suspension of a minimum of one (1) year to a maximum of three (3) years for the above player and any team officials involved (as per OMHA Regulations 8.3 a) and 8.3 b), OHF Regulations E8) and E9) and Hockey Canada Regulations F22 and F23.

PARENT SIGNATURE (Player if under 18 years of age): _____

PARENT NAME: _____ DATE: _____

NEW ASSOCIATION APPROVAL: _____ DATE: _____

OMHA APPROVAL: _____ DATE: _____

PRIVACY STATEMENT: The information requested on this form is required by the Ontario Minor Hockey Association (OMHA) and the Ontario Hockey Federation (OHF) (their respective executives, employees, coaches, trainers, referees and volunteers) for registration purposes and to administer the rules and regulations of the OMHA and provide notification of any upcoming events or other activities. In order to do so, the OMHA, its Member Associations, OHF and Hockey Canada may, if required request proof of a player's identity, address and date of birth.

OMHA-REG-301011-17-v4

Member of:

