



**REQUEST FORM:
PERMISSION TO TRYOUT PRIOR TO RESIDENTIAL MOVE**

(as per OHF Regulation E.93(j))

As per OHF Regulation E.93(j), Players who are moving prior to the start of a new hockey season who will no longer be eligible to their current association/club because of a change of residence are entitled to apply for Permission to Tryout.

This form must be approved by the outgoing Member (ALLIANCE, GTHL, NOHA, or OMHA) prior to the Player participating in any tryouts for the new association/club.

Approval of a Permission to Tryout does not determine residency. A full Residential Move Transfer must be completed prior to participation with the new association/club.

Please complete and submit this PTT Form, along with any available documents supporting the upcoming move to the registrar of the minor hockey Member to which the player is leaving (i.e. ALLIANCE, GTHL, OMHA, NOHA).

PLAYER NAME: _____

NEW MEMBER: ALLIANCE GTHL NOHA OMHA

PROPOSED NEW CLUB/ASSOCIATION: _____

AGE DIVISION & CATEGORY (e.g. Atom AA): _____

CITIZENSHIP: _____ BIRTHDATE: _____ / _____ / _____
D M Y

PLAYER'S NEW ADDRESS: _____

CITY: _____ POSTAL CODE: _____ TEL#: _____

CONTACT EMAIL ADDRESS: _____

DATE OF OCCUPANCY AT NEW ADDRESS: _____

PLAYER MOVING WITH BOTH PARENTS: YES NO If no... MOTHER FATHER GUARDIAN

PLAYER'S FORMER CLUB/ASSOCIATION: _____

Declaration: The undersigned hereby declare that all above information is true and correct. We are aware of rules and regulations regarding eligibility for minor hockey programs in the OHF and Hockey Canada and are aware that these are available upon our 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 OHF Playing Regulations E9 and E10).

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

PARENT NAME: _____ DATE: _____

OFFICE USE ONLY:

WE THE _____ (OUTGOING MEMBER) **APPROVE** THIS PERMISSION TO TRYOUT AND WILL REVIEW THE RESIDENTIAL MOVE TRANSFER ONCE COMPLETED.

OUTGOING MEMBER: _____ DATE: _____

OR

WE THE _____ (OUTGOING MEMBER) **DENY** THIS PERMISSION TO TRYOUT DUE TO A LACK OF DOCUMENTS SUPPORTING A PERMANENT HABITUAL RESIDENCE CHANGE PRIOR TO THE START OF THE UPCOMING SEASON.

OUTGOING MEMBER: _____ DATE: _____