



# Pacific Coast Amateur Hockey Association

## APPLICATION FOR PLAYER MOVEMENT

Form133  
(Rev: Apr 2020)

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.

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

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

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

HOCKEY HISTORY (Please Complete)					
SEASON	AGE	ASSOCIATION	DIVISION	"A"	"C"
2019-2020					
2018-2019					
2017-2018					
2016-2017					
2015-2016					
2014-2015					

<b>Reason for Application:</b>	<b>Position:</b>
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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	
<b>Association:</b>	
<b>DECLARATION:</b> 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).	
<b>Name:</b>	
<b>Title:</b>	<b>Date:</b>
<b>Signature:</b>	

PROPOSED NEW ASSOCIATION	
<b>Association:</b>	
<b>DECLARATION:</b> 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).	
<b>Name:</b>	
<b>Title:</b>	<b>Date:</b>
<b>Signature:</b>	