

ODMHA



DECLARATION OF INTER-DISTRICT RESIDENCY

(To be completed if you are registering in a different area than the past season)



Hockey Canada Regulation F.3 requires that a player register in the area wherein his/her parents(s)/legal guardian(s) reside, and because your child resides at a different address from last year and registered for hockey in a different area last year from where he/she now wishes to register, we ask that you supply the information requested below. This form must be submitted at the time of registering your child with the new association.

A PLAYER MAY NOT PARTICIPATE IN ON-ICE ACTIVITIES OR REGISTER UNLESS THIS INFORMATION IS MADE AVAILABLE TO THE NEW REGISTERING ASSOCIATION/TEAM and registered with the ODMHA			
* Denotes mandatory items that need to be provided to new association Registrar.			
Player Information			
Player Name		Player DOB	
Previous			
Address			
Postal Code	Telephone Number		
New			
Address			
Postal Code	Telephone Number		
Date moved to new address			
Parents	I/We hereby declare that the above named player is our son/daughter and the above noted address is where he/she habitually resides. HC regulation f.4(b).		
	Mother's Signature	Father's Signature	
OR			
Legal Separation	I/We hereby declare that I/We are the legally separated and the player listed above is living 4 days out of 7 with the parent listed below who has legal court sanctioned custody		
	Name of Parent with Legal Custody		
	Mother's Signature	Father's Signature	
*Copy of Court sanctioned legal separation provided			Verified <input type="checkbox"/>
*Copy of Court sanctioned custody provided			Verified <input type="checkbox"/>
OR			
Legal Guardian	I/We hereby declare that I/We are the legal guardian(s) or have legal Custody of the above named player and that the above named player resides with me/us at the above address.		
	Guardian's Signature	Guardian's Signature	
*Copy of Court Appointed Guardianship (for Legal Guardians)			Verified <input type="checkbox"/>
New Association Certification (Proof of Residence)			
* Copy of either a Hydro or Gas Utility Bill provided			Verified <input type="checkbox"/>
* Supply registration documentation for a school within the District			Verified <input type="checkbox"/>
Police check of parents and or Guardians upon request			Verified <input type="checkbox"/>
*Please provide one of the following:			
1) Copy of bill of sale for new residence provided (financial figures removed) OR			Verified <input type="checkbox"/>
2) Copy of a sole resident lease valid from July 1 st to June 30 th of the following year (2 Bedroom required)			Verified <input type="checkbox"/>
*For leased residences please provide the following:			
Verified lease is not a sub-let or from a family member (players family must be sole residents)			Verified <input type="checkbox"/>
An affidavit accompanies a family member owned lease showing it is a sole residence lease			Verified <input type="checkbox"/>
IDR Approval			
	Printed Name	Signature	
Receiving Association Registrar			
Receiving Association President			
Receiving District Registrar			
Receiving District Chairperson			
Sending District Chairperson			