

Dane County Youth Hockey Council
REQUEST FOR TRANSFER

Skater's Name _____ Date of Birth _____

Skater's Permanent Home Address _____

City, State, Zip _____

High School District _____

Team & Level (i.e., Mite II, Peewee I, Squirt IV, etc.) _____

I, the parent/guardian of the above skater, am requesting a transfer from the _____ Youth Hockey Association to the _____ Youth Hockey Association under one of the following provision (please check one):

DCYHC Rule 7.3(a) – Moving to a team with a higher classification than current association

DCYHC Rule 7.3(b) – Transferring regardless of team classification

I understand that being granted a transfer under DCYHC 7.3(a) or 7.3(b) will result in the above named skater being a "Non-District" transfer player for the new hockey association for a period of 2 years. No team in DCYHC may have more than two (2) "Non-District" players on their roster.

A player transferring under DCYHC Rule 7.3(a) must be rostered and play on a team with a higher classification than the highest classification of the age level in the home player's association. If the above named skater is not selected at a higher level classification in this year and the next year, the above named skater must return to the home association and this transfer agreement will be considered null and void.

Returning to the Home District Association will be a permanent return and the skater will not any longer be considered a transfer skater.

Parent Signature _____ Date _____

Losing Association

We, the Losing Association, understand the rules governing this transfer and agree to abide by all WAHA and DCYHC Rules and Regulations covering this matter.

 President Date

 Secretary Date

Gaining Association

We, the Gaining Association, understand the rules governing this transfer and agree to abide by all WAHA and DCYHC Rules and Regulations covering this matter.

 President Date

 Secretary Date

DCYHC Financial Release Form is Required

DCYHC Approval

 President Date