



HEO Minor

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 HEO Minor			
<i>* Denotes mandatory items that need to be provided to new association Registrar.</i>			
Player Information			
Player Name			Player DOB
	Last Year's Association	Last Year's Team	
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 or 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 August 1 st to July 31 st (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			
Approving Organization	Print Name	Signature	
Receiving Association			
Receiving District			
Outstanding Suspensions or Debts			
Sending Association			
Sending District			