



## FEMALE DUAL ROSTER CONSENT

This form is a required document for all minor hockey Female players wishing to roster on both an integrated **Recreation** Team and a Female **Recreation** Team. This form must be received by VIAHA and approved, prior to the player being placed on a second roster. If consent is granted, it is valid for one (1) year only.

By endorsing this form, the President acknowledges that no male player is being denied a roster spot by virtue of the female player being dual rostered. \*MHA's should advise both team Coaches of the players choice of priority team.

**VIAHA Regulation 5.08 was carried at the May 28<sup>th</sup>, 2017 VIAHA AGM and reads as follows:**

With the consent of the VIAHA Officers, female players may register on both a recreational integrated team and a recreational female team. Female players registering on an Island league, Atom Development or Regional Female **team** may not register on a second team.

**Player Information:**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Association:</b>	
<b>1<sup>st</sup> (Priority) Team:</b>	
<b>Requested 2<sup>nd</sup> Team:</b>	

\*MHA's should advise both team Coaches of the players choice of priority team.

**Declaration:**

We, the undersigned certify that all the above information is true and correct. We are aware of the regulations regarding Dual Rostering and agree to follow them. We recognize that the falsification of any information pertaining to this application process may result in the player being denied the request. Furthermore, we understand that the player must choose to play with their 1<sup>st</sup> **priority team** in the event of any scheduling conflicts. If consent is granted, it is valid for one (1) year only and that VIAHA may, at its discretion at any time, rescind its permission.

Association President (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Player Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

FOR OFFICE USE ONLY	
<b>Date Received:</b> _____	<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input type="checkbox"/>
<b>District Signature:</b> _____	
<b>Comments:</b> _____	

When completed please return to the VIAHA Office. Scan to [cjohnson@viaha.org](mailto:cjohnson@viaha.org) or fax to 250-751-8812

Thank you.