



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.

VIAHA Regulation 5.09 was carried at the May 28th, 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, U11 Development or Regional Female A team **may not** register on a second team.

This form must be submitted by the players MHA to the VIAHA Executive Director and must be approved, by both the MHA & VIAHA, prior to the player being placed on a second roster. If consent is granted, it is valid for one (1) season only.

By endorsing this form, the MHA President acknowledges that:

- No male player is being denied a roster spot by virtue of the female player being dual roster
- Their MHA needs to advise both teams of the player's priority team choice
- Their MHA will need to build bigger teams where necessary to help avoid player shortages

By endorsing this form, the player & parent/s acknowledge that:

- In the event of a scheduling conflict a Dual Rostered player must play with their chosen priority team and it is the player and parents duty to communicate respectfully to team coaches and managers throughout the season
- The scheduling of games and leagues cannot be built or adjusted in order to accommodate players playing on multiple teams
- Each application is considered on a case by case basis and consent is not compulsory

Player Information:

Name:	Date of Birth:
Association:	
1st (Priority) Team:	
Requested 2nd Team:	

Declaration:

We, the undersigned certify that all the above information is true and correct. We acknowledge the above mentioned regulations around 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 1st **priority team** in the event of any scheduling conflicts. **If** consent is granted, it is valid for one (1) season only and that VIAHA may, at its discretion at any time, rescind its permission.

Association President (Print)

Signature

Player Name (Print)

Signature

Parent Name (Print)

Signature

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

When completed – **MHA's** please submit to the VIAHA Office. Scan & email to cjohnson@viaha.org or fax to 250-751-8812 - Thanks