

## HOCKEY NOVA SCOTIA FEMALE COUNCIL Player Movement Form

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### PROCESS FOR PLAYER MOVEMENT REQUESTS

The following is the detailed process for a female hockey player/family to follow when requesting permission for Player Movement. This Player Movement process can be accessed for any of the following scenarios:

- There is no top level Team in your age Division within your Home Association<sup>1</sup>
- No teams in your age Division within your Home Association
- Movement to an Association in need of players
- Moving to the Minor Stream of Hockey
- Factors that will not be considered:
  - Requesting for the purpose of an additional try out
  - Dislike of a coach, team mates, ice time, etc.

**In order to access the Player Movement process, follow the steps below:**

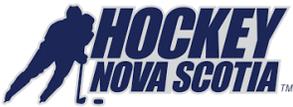
- Completely fill out a Player Movement Form (attached) and submit it to your Home Association for approval (the President's signature confirms approval).
- If your Home Association does not sign the form, request a written response from your Home Association stating their decision and why they made it. The Regional Director and Conference Coordinator **MUST** be copied on this response.
- If you wish to proceed, you must then appeal to your Home Association through the appeal process identified within their Bylaws & Regulations.
- Your Home Association will either hear and adjudicate on your appeal or inform you that they have no appeal process.
- If your appeal is granted then your Home Association will sign the form.
- If they have no appeal process, or they deny your appeal, and you wish to pursue the next steps, you must provide your respective Regional Director with all the written documentation for this Player Movement request.
  - The fully completed (unsigned by your Home Association) Player Movement Form.
  - Detailed rationale from the player/family outlining the reasons why they wish to move.
  - Written documentation from the player's Home Association President stating that the Home Association is not willing to sign the form.
  - Any correspondence that has taken place in regards to this movement issue.
- Once all the proper documentation has been received, the Regional Director will forward it to Hockey Nova Scotia Female Council (HNSFC).
- Any properly completed application that is submitted will be reviewed and a decision will be rendered within seven (7) days with regard to the movement request based on the Hockey Nova Scotia Regulations.
- A decision letter will be emailed to the applicant and all other relevant parties.
- Once all of the steps noted above have been exhausted, and if you wish to pursue this further, you have the right to appeal the decision of the HNSFC to Hockey Nova Scotia in accordance with the Hockey Nova Scotia Female Regulations.

Please email this form to your Regional Director for review. If approved the accepting association will complete the form and upload to the HCR as a transfer request.

Final approval will come as the transfer is approved in the HCR.

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<sup>1</sup> The Term "Association" will be used to denote FHA and Zone for the purpose of this document



HOCKEY NOVA SCOTIA FEMALE COUNCIL
Player Movement Form

This form shall be completed, in its entirety, by any player(s) who wishes to register in Female Hockey with an Association that is not her Home Association. The intent of this document is to track the application and approvals of player movement. Please submit any additional information (i.e. - letters from Associations), along with this application, that you wish.

-PLEASE FILL OUT ELECTRONICALLY WHERE POSSIBLE-

-PLEASE PRINT IF FILLING OUT MANUALLY-

Players Name / Contact Information:

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ (yyyy-mmm-dd)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email\*: \_\_\_\_\_

Please State Reasons for Player Movement\*:

There is no Team in my age Division in my Home Association Representative Recreation

There is no Top level Team in your age Division in my Home Association Goaltender? Yes No

I would like to apply for an Exception to register in another Association (if so, please provide a letter outlining reasons)

Parent/Guardian Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Home Association Information:

Home Association\*: \_\_\_\_\_ President's Name\*: \_\_\_\_\_

Indicate if Player has a Carryover Suspension\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

If yes, how many games remain to be served: \_\_\_\_\_ Date\*: \_\_\_\_\_

Accepting Association Information: Completed after RD approval

Accepting Association\*: \_\_\_\_\_ President's Name\*: \_\_\_\_\_

Accepting Division or Team\*: \_\_\_\_\_ Email\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

Regional Director Name\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

Approved Denied