EVMHA Female Dual Roster Consent

This form is required for all female minor hockey players wishing to roster on both an integrated and a female hockey team. Completed forms should be emailed to the EVMHA President by November 1st.

Player Information

Name:	Birthday:
Association:	
Primary Team:	
Requested Second Team:	

Declaration:

We, the undersigned, certify that all the information is accurate and correct. We are aware of the regulations regarding dual rostering and agree to follow them. We understand that the player must choose to play with their priority team in the event of scheduling conflicts as per the EVMHA policies. We understand that it is our responsibility to communicate the player's availability to coaches on both teams. If consent is granted, it is valid for one season only, and the EVMHA may, at its discretion, rescind its permission at any time.

Player's Name _____ Signature _____

Parent's Name _____ Signature _____

OFFICE USE ONLY

Date Received _____

Approved ☐ Denied ☐

Association President _____ Signature _____

Association President of Secondary Team (if necessary) _____ Signature _____

Comments: