



**EVMHA Female Dual Roster Form**

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 1<sup>st</sup>.

**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. This form is valid for one season only.

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

**OFFICE USE ONLY**

\_\_\_\_\_  
Date Received

Approved

Denied

\_\_\_\_\_  
Association President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Association President of Secondary Team (if necessary)

\_\_\_\_\_  
Signature

Comments: